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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 154. PHILADELPHIA, OCTOBER 1, 1859. NEW SERIES, VOL. III. NO. 1.

SOME ACCOUNT OF THE Schools of Medicine, HOSPITALS, DISPENSARIES, PRIVATE LECTURES, AND OTHER MEANS OF IMPARTING Medical Instruction IN THE CITY OF PHILADELPHIA.

As incident to our location, we issue this week the *Student's Number* of the MEDICAL AND SURGICAL REPORTER, conveying to students of medicine who resort to this city, information in regard to medical teaching, which they will find very useful to them.

There are now in this city, or on their way here, several hundred young gentlemen, most of them well educated, and highly accomplished, and all of them from among the more intelligent classes in the various communities in which they reside. They come here with high hopes and ardent expectations, to pursue their inquiries in one of the most difficult departments of human study. Some of them may not realize the difficulties they have to encounter in the pursuit of their studies—the herculean labor of mind and body necessary to give them even a moderate standing in the profession of their choice. The realities of their position will, however, gradually unfold upon them as the sessions advance. They will find that to merely obtain a passport through the portals that guard the profession, they must *work*. Let that, but not that only, for the present, be their object. Let none of our readers entertain the notion that they will graduate from our schools "finished" in any of the departments of medicine. Ah! they are but clothing themselves with an armor which they "have not proved," and when they "assay to go," then will be the time to test what spirit they are of. Alas! how many in this first trial, from too much or too little confidence, fall, never to rise again!

But, there is another class. They plod on, day after day, week after week—steadily on, nothing daunted, assured that "assiduous labor will accomplish all things." This class are only satisfied with *steady*, but sure progress. No *per saltem* efforts characterize their progress, but firm, continuous, uncompromising labor and effort. Among these are our Hunters, Coopers, Watsons, Physicks, Chapmans, Woods, Dunglisons. They are *there*—time will develop them.

We trust that whatever student may read these lines, will bear in mind that he will be, in the future, just whatever he chooses to make himself. He will occupy either a high position among his fellows, or he will be a mediocre, according to the disposition he makes of his time and opportunities. Talent, education—we have not one word to say against either; nay, happy is he who has both, if he will but improve them. But talent and education will never make a physician, or even a learned man. Constant labor, dogged perseverence, that will not give way to trifles, will make ample amends for both. Let not that man, then, feel discouraged who perceives his apparent inferiority to others in these respects. We can tell him, as from the Delphian oracle, that industry, in nine cases out of ten, will more than supply the deficiency.

The great enemy of the medical student is idleness, especially when it is fostered by a resort to the billiard or the card table, the ten-pin alley, the drinking saloon, or the house of bad repute. We need not then say to the wise—avoid idleness. The facilities for the pursuit of medical studies in this city are very great, and due diligence in the use of means, will insure a success in medical acquirements that will have a bearing on one's course through life.

One word, in conclusion, in regard to expenses. In order to give the student a fair notion of the expense of a thorough course of medical instruction in this city, including two full courses of lectures and one summer's residence here under the tuition of a private preceptor, we have prepared the following table of expenses. We would premise, that while endeavoring to make a liberal allowance for all *necessary* expenses, we have supposed that the student, while living comfortably, and denying him-

self no real advantage in the pursuit of his studies, practices the strictest economy.

80 weeks' board, including two full winter courses, and one summer course, at $4 00,	$320
Washing, fuel and light,	50
Professors' Tickets—two full sessions,	210
Matriculation Ticket,	5
Preceptor's Tickets, 1½ years,	150
Practical Anatomy, 1 course,	15
Hospital Ticket, 1 course,	10
Clothing,	100
Books,	100
Graduating Fee,	30
Outfit—medicines and instruments,	70
Extras,	20
	$1,080

For the sum, therefore, of one thousand and eighty dollars, it will be seen that the student who desires to study economy can avail himself of the advantages held out to him in this city for two winter and one summer sessions, besides procuring a decent outfit in clothing, books, instruments and medicines. Of course, these estimates may be increased to almost an indefinite extent by those of more extravagant notions of living, enjoyment, &c., and they may possibly be reduced somewhat by practicing a still more strict economy in directions that will at once suggest themselves.

Medical Colleges, &c.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

LOCATION.—*Ninth Street, above Chestnut.*

This is the oldest medical school in this country. The date of the appointment of the first medical professor was May 3, 1765. The idea of establishing a medical school in this city seems to have originated with Drs. Wm. Shippen and John Morgan. The latter gentleman was appointed, as above, "Professor of the Theory and Practice of Physic," and on the 23d of September following, Dr. Shippen received the appointment of Professor of Anatomy and Surgery. In 1768, Drs. ADAM KUHN and THOMAS BOND were added to the faculty, and on the 21st of June of that year the degree of Bachelor of Medicine was conferred on ten young men, being the first medical honors conferred in America. In 1769 Dr. BENJAMIN RUSH was added to the faculty. This may be said to have completed the organization of the school. It is not our purpose to follow its history any further.

The regular Lectures for the sessions of 1859–60 will commence on Monday, October 10th, and continue, without intermission, until the middle of March ensuing.

Abstract of Regulations for the Degree of Doctor of Medicine.

Candidates are required:—

To have attained the age of twenty-one; to be of good moral character; to have applied themselves to the study of Medicine for three years, and been during that time the private pupil, for two years at least, of a respectable practitioner of Medicine.

To have attended two complete courses of the following Lectures, one of which must be in this Institution:

Theory and Practice of Medicine; Anatomy; Materia Medica and Pharmacy; Chemistry; Surgery; Obstetrics, and the Diseases of Women and Children; Institutes of Medicine.

To have attended one course of Clinical Instruction in the Pennsylvania Hospital, or *some other* Institution approved of by the Faculty of Medicine.

To give evidence to the Dean that the above rules have been complied with.

To deliver to the Dean a Thesis, composed by himself, on some Medical subject, which is referred to one of the Professors, who shall examine the candidate upon it, and report to the Medical Faculty.

When a candidate is rejected, his essay will be retained by the Faculty.

The essay must be in the candidate's own handwriting, and must be written uniformly on letter-paper of the same size, the alternate pages being left blank.

Bad spelling in a thesis, or evidences of want of a literary culture, will preclude a candidate from examination for a degree.

A thesis may be published by a candidate if he desire it, with the permission of the Professor by whom he was examined thereon; but no alteration shall be made in such thesis without the consent of said Professor.

Candidates who have not been successful upon a first examination, will be permitted to have a second, when all the classes have been disposed of. This examination will be conducted at a full meeting of the Professors.

Candidates shall pay the fees of graduation at the time of examination.

The Degree will not be conferred upon a candidate who absents himself from the Public Commencement, except by special permission of the Medical Faculty.

EXPENSES.

Fees for the Course of Lectures,	$105
Matriculating Fee, (paid once only,)	5
Graduating Fee,	30

The Wistar and Horner Museum contains an extensive Anatomical and Pathological collection, which is open to the students free of cost.

Apply to R. E. ROGERS, M. D. *Dean, At the University.*

—

ANATOMICAL ROOMS.

JOSEPH LEIDY, M. D., Professor.
WM. HUNT, M. D., Demonstrator.

Assistants.

JAS. DARRACH, M. D. | H. D. SCHMIDT, M. D.

The ticket admits to the Dissecting Room, and to a course on Regional Anatomy and Recapitulatory Lectures. Dr. Schmidt gives instruction in microscopy.

Fee, $10.

—

OPERATIVE SURGERY AND BANDAGING.

HENRY H. SMITH, M. D., Professor.
C. S. BISHOP, M. D., Demonstrator.
EDWARD SHIPPEN, M. D., Assistant Demonst.

The rooms, which are in the University building, are open on the 27th of September, and continue till the 1st of March ensuing. The course embraces the entire treatment of Fractures, Luxations, etc., with the application by each student of the proper bandages and splints. The order of the course coincides with that of the Professor of Surgery in the University of Pennsylvania, who, during the early part of the course, delivers a lecture every Monday evening.

The room is open every evening (except Saturday) from 7 till 10 o'clock. After the 5th of January surgical operations are performed on the cadaver by each member of the class.

Fee, $10.

JEFFERSON MEDICAL COLLEGE.

LOCATION—*Tenth street, below Chestnut.*

Established in 1825, by the exertions of Dr. George McClellan, in connection with the Jefferson College at Canonsburg, Washington county, Pa., which arrangement continued until 1838, when a separate charter was obtained, and the connection ceased. The first building was the old Tivoli Theatre, in Prune street, below Sixth, now a mineral water establishment, where it remained till 1828, when the class becoming larger, it was removed to the present location, and the present building was erected. The faculty has been changed several times, but the present professors, with the exception of three recently appointed, have held their posts since 1840. Death has broken their ranks in one instance, while two others of the faculty have resigned from ill health. One of these—Dr. Mütter, has since died.

The regular course of lectures for the Session of 1859-60 will commence October 10th, and continue till March 1st ensuing.

Regulations for the Degree.

Candidates are required:—

To be of good moral character, and at least twenty-one years of age; to have attended two full courses of lectures in some respectable Medical School, one of which shall have been in this College, and must exhibit their tickets, or other adequate evidence thereof, to the Dean of the Faculty; to have studied medicine for not less than three years, and have attended at least one course of clinical instruction in an Institution approved by the Faculty.

To present to the Dean of the Faculty a thesis, of his own composition, correctly written, and in his own handwriting, on some medical subject; and exhibit to the Faculty, at his examination, satisfactory evidence of his professional attainments. If, after examination for a degree, the candidate, on ballot, shall be found to have received three negative votes, he shall be entitled to a fresh examination. Should he decline this, he may withdraw his thesis, and not be considered as rejected.

The degree will not be conferred upon any candidate who absents himself from the public Commencement, except by special permission of the Faculty.

EXPENSES.

Fees for the course of Lectures, - - -	$105
Matriculating fee, (paid once only,) - -	5
Graduating Fee, - - - - - - -	30

There is a fine collection of anatomical and pathological specimens in the Museum.

Apply to R. DUNGLISON, M. D., 1116 *Girard street, or at the College.*

ANATOMICAL ROOMS.

JOS. PANCOAST, M. D., Professor.
E. WALLACE, M. D., Demonstrator.

The ticket admits to the Dissecting-rooms, and also to a course of Recapitulatory Lectures.

FEE, $10.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

LOCATION—*Ninth street, below Locust.*

This Institution was founded in 1839, and authorized to confer degrees in 1840. The regular course of Lectures for the session of 1859-60 will commence on Monday, October 10th, and continue, without intermission, until the 1st of March ensuing.

Requisites for Graduation.

Candidates are required:

To have attained the age of twenty-one years; to be of good moral character; to have applied themselves to the study of medicine for three years, (courses of lectures included,) and to have been during that time the pupil, for at least two years, of a respectable practitioner of medicine.

To have attended two complete courses of lectures on all the branches, one of which must have been in this institution.

To have attended at least one course of Clinical Instruction in some institution approved by the Faculty, and one course of Practical Anatomy.

To present to the Registrar a thesis composed by himself, on some medical subject, in the English, Latin, German or French language. It must be in the candidate's own handwriting, and written correctly, uniformly and distinctly. The Faculty, regarding this essay as evidence of the preliminary education of the candidate, will rigidly scrutenize it in regard to his attainments.

To pay his Graduation Fee at or before the time of his examination, which, if the candidate is unsuccessful, is returned, but the thesis is retained.

The degree will not be conferred on any candidate who absents himself from the public Commencement, without the permission of the Faculty.

EXPENSES.

Matriculation Fee, (paid once only,)	$5
Graduation Fee,	30
Fee for each Ticket,	15

Apply to LEWIS D. HARLOW, M. D., *Dean*, 1023 *Vine st., or at the College.*

ANATOMICAL ROOMS.

WM. H. GOBRECHT, M. D., Professor.
T. A. DEMMÉ, M. D., Demonstrator.

The rooms are open during the day, and until 10 o'clock in the evening, from the latter part of September to the 1st of May.

FEE, $10.

PHILADELPHIA COLLEGE OF PHARMACY.

LOCATION—*Zane St., between Seventh and Eighth, and Arch and Market.*

The 38th course of Lectures in this College begins on the 1st of October. The Lectures are given on Monday, Wednesday and Friday *evenings* of every week through the winter, at 7 and at 8 o'clock. The branches taught are *General Chemistry, Practical Pharmacy*, and *Materia Medica.*

Candidates for graduation are required:—

To attend two full courses of Lectures in a respectable College of Pharmacy, the last of which shall be in this institution.

To be of good moral character.

To have arrived at the age of twenty-one years.

To have served an apprenticeship of four years at the Drug and Apothecary business.

To present an original dissertation on a subject connected with one of the branches taught.

And to pass an examination before the Faculty and Committee of the College.

FEES.

For each course of Lectures,	$8
Matriculation Fee, (paid but once,)	2
Graduating Fee,	5

Apply to ALFRED B. TAYLOR, *Secretary, S. E, cor. Ninth and Walnut Sts.*

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

LOCATION—*No. 528 Arch Street.*

The Lectures commence on Monday, the first of November, but the Dispensary and Laboratory will be open from the 1st of October. Clinical Lectures are delivered, and operations performed, every Saturday afternoon. Fifteen lectures are delivered each week, on the various branches taught in the school.

There are five professorships, viz: of Dental Physiology and Operative Dentistry; of Chemistry and Metallurgy; of the Principles of Dental Surgery and Therapeutics; of Anatomy and Physiology; and of Mechanical Dentistry; also, a Demonstrator of Operative Dentistry, and one of Mechanical Dentistry.

Candidates for graduation are required:—

To be twenty-one years of age, and of good moral character.

To have studied under a private preceptor at least two years, including his course of instruction at the College.

To have attended two full courses of lectures—the first in any respectable Dental or Medical College, and the last in this institution. (Five years of practice, inclusive of the term of pupilage, will also be considered equivalent to the first course of lectures.)

To prepare and defend a thesis upon some subject connected with the theory or practice of dentistry.

To treat thoroughly some patient requiring all the usual dental operations, and bring such patient before the Professor of Operative Dentistry. He must, also, take up at least one artificial case, and, after it is completed, bring his patient before the Professor of Mechanical Dentistry.

To prepare a specimen case, to be deposited in the college collection.

To perform the operations and the work in the artificial cases at the college building.

To undergo an examination by the Faculty, when, if found qualified, he shall receive the Degree of Doctor of Dental Surgery.

FEES.

For the course, (Demonstrator's ticket included,) - - - - $100
Matriculation, (paid but once,) - - 5
Diploma fee, - - - - 30

Apply to DR. W. CALVERT, *Dean*, 133 *North Eleventh Street.*

THE POLYTECHNIC COLLEGE.

LOCATION—*Market Street and West Penn Square.*

This institution is designed to educate gentlemen professionally for the practice of Civil, Mining, and Mechanical Engineering, Architecture, Manufacturing, and Agricultural Chemistry, Metallurgy, &c. The facilities are, as far as possible, similar to those of the best Polytechnic Institutions of Europe. The system of instruction has also been framed after the same models, with such changes only as the usages of this country seemed to demand. It is not necessary that a student should decide upon his profession before he enters. He may do so towards the end of the first year, after which his studies will have a special bearing upon his future calling. Quite a demand exists for the graduates, and the Diploma of the College is considered a passport to active and lucrative practice. Students are admitted to partial courses without examination.

The following are the professorships:

Applied Mathematics, Civil Engineering and Mechanics; Geology and Mine Engineering; Mineralogy, Industrial, Analytical and Agricultural Chemistry; Mechanical, Topographical and Architectural Drawing; Modern Languages and Literature; and a Lecturer on Industrial Jurisprudence.

Apply to ALFRED L. KENNEDY, M. D., *at the College.*

Practical Anatomy.

PHILADELPHIA SCHOOL OF ANATOMY.

LOCATION—*College Avenue.*
Entrance on Tenth Street, above Chestnut.

The Winter Term begins on the 1st of September, and continues till the 1st of March. The Anatomical Rooms are open for the pursuit of Practical Anatomy from 8 A. M. until 10 P. M.

There are five Lectures given every week, four being devoted to Special, and one to Surgical Anatomy. The lectures are given in the evening, at an hour that will not interfere with the exercises in the different institutions.

The Medical Colleges leave it optional with the student where he takes his dissecting ticket. The opportunities for the prosecution of Practical Anatomy are equal to those in any of the colleges. There is a complete Anatomical Museum for purposes of demonstration.

A *Spring Course* on Practical, General and Surgical Anatomy, is given, commencing early in April.

Lecturer—D. Hayes Agnew, M. D.

Demonstratars—Drs. Levis, Flynn, Darby, Bolling and Richardson.

FEE, $10.

A course of examinations is given on all the branches of medicine, commencing about the 1st of January, and continuing to the close of the college examinations for the degree.

Apply to DR. AGNEW, *No.* 16 *North Eleventh Street, or at the Rooms.*

COLLEGE AVENUE ANATOMICAL SCHOOL.

LOCATION—*College Avenue.*
Entrance on Tenth Street, above Chestnut.

The Winter Term begins on the 1st of September, and continues till the 1st of March. The Anatomical Rooms are open for the pursuit of Practical Anatomy every day, from 8 A. M. until 10 P. M.

There are five Lectures given every week, four of which will be devoted to General Anatomy, and one to Surgical Anatomy. The Lectures are given in the evening, at an hour that will not interfere with the exercises in the different institutions

The Medical Colleges make it optional with the student where he takes his dissecting ticket. The opportunities for the prosecution of Practical Anatomy are equal to those in any of the Colleges. There is a complete Anatomical Museum for purposes of demonstration.

Lecturer—W. S. Forbes, M. D.

Demonstrator—W. D. Hoyt, M. D.

FEE, $10.

These rooms are also open during the spring and summer months, to gentlemen wishing to prosecute *Practical Anatomy* and *Operative Surgery*.

Apply to DR. FORBES, 257 *South* 17*th Street, or at the Rooms.*

Hospitals.

PENNSYLNANIA HOSPITAL.

LOCATION—*The Square bounded by Eighth and Ninth and Pine and Spruce Streets.*

This Institution was founded in 1751, by Dr. BOND and BENJAMIN FRANKLIN. It was first located on Market street, west of Fifth, south side; but removed to its present location in 1754. The present building was erected in 1756. It has a front of 281 feet, and is surrounded by spacious gardens, and shaded by lofty trees—the square on which it stands containing four and a quarter acres of ground. It has accommodations for —— patients. During the

year 1851 there were 1,075 surgical and 747 medical cases admitted.

Physicians.	*Term of Service.*	*Surgeons.*
W. W. GERHARD, M.D.	Nov. 1 to Feb. 1	
	Oct. 1 to Jan. 1	G. W. NORRIS, M.D.
J. J. LEVICK, M.D.	Feb. 1 to May 1	
	Jan. 1 to April 1	E. PEACE, M.D.
J. F. MEIGS, M.D.	May 1 to Aug. 1	
	April 1 to July 1	JOS. PANCOAST, M.D.
J. G. SMITH, M.D,	Aug, 1 to Nov. 1	
	July 1 to Oct. 1	E. HARTSHORNE, M.D.

Resident Physicians.

H. L. HODGE, M.D., GEO. C. HARLAN, M.D., THOS. B. REED, M.D.

Apothecary—JOHN CONRAD, M.D.

Clerk and Librarian—DAVID T. LEWIS, M..D.

Times of Attendance of Medical Officers.

The Physicians give Clinical Lectures in the lecture-room of the Hospital at 10 o'clock A. M., on each Wednesday and Saturday of their term of service, and the Surgeons give Clinical Lectures on Surgery at 11 o'clock on the same days during their term of service.

During the summer months, besides the bi-weekly clinics, *daily visits* are made with a limited number of pupils to the surgical and medical wards, an additional opportunity being thus afforded the student to familiarize himself with the diagnosis and treatment of disease.

This hospital possesses much the largest medical library in this country, the collection amounting to about 11,000 volumes. It was founded, and is supported, by the fees derived from students' tickets.

EXPENSES.

A fee of $10 entitles the student to the privileges of the Hospital for a year, including the use of the Library, under certain restrictions.

Apply at the Hospital, or to the Deans of the several Colleges.

PENNSYLVANIA HOSPITAL FOR THE INSANE.

This is a branch of the Pennsylvania Hospital, a section of that building having been appropriated to the use of the Insane till 1841, when the Insane patients were removed to the new structure, two miles west of the river Schuylkill. Extensive additions have recently been made to the buildings. On the 24th of April last, there were 235 patients in this department of the Pennsylvania Hospital.

Chief Resident Physician.—THOS. S. KIRKBRIDE, M. D.

Assistant Physician.—EDWARD A. SMITH, M. D.

PHILADELPHIA HOSPITAL.

LOCATION—*West side of the Schuylkill river, about half a mile below Market street.*

This is one of the most extensive institutions of the kind in the United States, having large buildings for the accommodation of the sick and insane.

It is divided into male and female wards; the former being again divided into surgical, medical, venereal, and clinical. The latter into the same, with the addition of obstetrical, nursery, and asylum for children. Here may be seen every variety of malady to which the human frame is liable. During the winter and the lecture season, students are admitted to the public clinics by the payment of $5, which entitles the holder to visit it for one year. It is easily reached by means of the Market or Chestnut street Passenger Railways, or by omnibus.

This institution is managed by the Guardians of the Poor, a board of twelve men, who receive their appointment from the courts and the City Councils, and its chief support is derived from the Poor Tax of the city. The Medical Board consists of four visiting physicians, four visiting surgeons, and four visiting obstetricians, with eight assistants or "internes." The latter are selected according to merit from candidates who present themselves before the Medical Board for examination. These appointments are generally made early in April.

MEDICAL OFFICERS.

Physicians	*Terms of Service.*	*Surgeons.*
J. L. Ludlow, M. D.,	Oct, Nov., Dec.,	D. H. Agnew, M. D.
F. E. Luckett, M. D.,	Jan., Feb., Mar.,	S. D. Gross, M. D.,
C. P. Tutt, M. D.,	Apr., May, June,	R. S. Kenderdine, M.D.
W. Mayburry, M. D.,	July, Aug., Sept.,	R. J. Levis, M. D.

Obstetricians.—R. A. F. Penrose, M. D., Oct. Nov., Dec.; L. D. Harlow, M. D., Jan., Feb., Mar.; W. D. Stroud, M. D., April, May, June; J. Wiltbank, M. D., July, Aug., Sept.

PHILADELPHIA LUNATIC ASYLUM.

This is a department of the Philadelphia Hospital, and is located in the Twenty-fourth Ward of the city, adjoining the buildings of the Philadelphia Hospital. It is an asylum for the residence and treatment of the insane poor. It has about 450 inmates.

Chief Resident Physician.—S. W. BUTLER, M. D.

Assistant Physician.— ——— ———.

WILLS HOSPITAL

FOR DISEASES OF THE EYE AND LIMBS.

LOCATION—*Race street, between Eighteenth and Nineteenth, opposite Logan Square.*

Founded by the late JAMES WILLS, and opened for occupation March 1st, 1834. Devoted to the treatment of curable diseases of the eyes, and of such curable diseases of the limbs as involve lameness. From 1,500 to 2,000 patients are treated in the course of the year, and there is an average of from thirty to fifty inmates.

Clinical Days—Mondays and Fridays.

Physicians	*Term of Service,*	*Surgeons.*
J. J. Levick, M. D.,	Jan., Feb., Mar.,	S. Littell, M. D.
J. J. Reese, M. D.,	April, May, June,	Wm. Hunt, M. D.
S. L. Hollingsworth, M.D.,	Jy., Aug., Sept.,	A. Hewson, M. D.
J. L. Tyson, M. D.,	Oct., Nov., Dec.	——— ———

EDWARD LIVEZEY, M. D., *Resident Physician.*

CITY HOSPITAL.

LOCATION—*Islington Lane.*

Established by an Act of the Legislature in 1810, as a Small-pox Hospital, and used chiefly for small-pox, ship fever and cholera patients. There are accommodations for 150 beds, and a few cases of contagious or pestilential disease are generally to be found in the hospital, while during epidemics a large number of cases are received and treated.

Physician—JOHN BELL, M. D., 727 Spruce street.

ST. JOSEPH'S HOSPITAL.

LOCATION—*Girard avenue, between Sixteenth and Seventeenth Streets.*

This institution, which is under the immediate supervision of ladies of the religious order of St. Joseph, was founded in 1849, in great measure through the influence of the late Dr. W. E. HORNER. He bequeathed to the hospital his medical library and his collection of surgical instruments. By the terms of its charter, the benefits and advantages of the hospital are "extended to the sick, without reference to creed, country or color." Through the influence of Dr. Horner, we believe, it is also provided that the medical staff shall not be of a sectarian character. The hospital has accommodations for 100 patients.

Physicians.	*Term of Service.*	*Surgeons.*
S. W. Mitchell, M. D.,	Jan. 1 to May 1,	J. H. B. M'Clellan, M. D.
A. B. Keller, M. D.,	May 1 to Sept. 1,	W. B. Page, M. D.
W. V. Keating, M. D.,	Sept. 1 to Jan. 1,	——— ———

Accouchers.—W. Flynn, Sen., M. D., A. C. Bournonville, M. D., J. D. Bryant, M. D.

Pathologist.—Joseph Leidy, M. D.

Resident Physicians.—Drs. —— —— and —— ——.

Apply at the Hospital, or to any of the Surgeons or Physicians.

EPISCOPAL HOSPITAL.

LOCATION—*Corner of Huntingdon and Front streets.*

Founded by members of the Episcopal Church, but open to the sick of every country, creed or color. Opened for the reception of patients in December, 1853. Has accommodations for thirty patients. The number of patients treated in the wards during 1857 was 388, the average daily number having been thirty. In addition to these, 2,136 out-patients were treated.

Physicians.	*Terms of Service.*	*Surgeons.*
J. C. Morris, M. D.	Jan., Feb., March.,	Wm. Hunt, M. D.
H. Hartshorne, M. D.,	April, May, June,	H. E. Drayton, M. D.
J. Da Costa, M. D.,	July, Aug., Sept.	R. S. Kenderdine, M. D.
Wm. Mayburry, M. D.,	Oct., Nov., Dec.,	R. P. Thomas, M. D.

Accouchers.—J. Wiltbank, M. D., Jan. 1 to July 1; A. E. Stocker, M. D, July 1 to Jan. 1.

House Residents.—Drs. —— —— and —— ——.

There is a corps of ten assistant physicians and surgeons.

Apply to Rev. J. A. CHILDS, 524 *Walnut street.*

HOWARD HOSPITAL.

LOCATION—*Christian Street, above Fifteenth.**

This Institution was chartered in 1854, and now contains fifty beds. It has a board of ten physicians, each of whom devotes himself to a special branch of Medicine and Surgery. Clinics are held on each day, at specified hours. Accidents are admitted if brought immediately after to the Infirmary; curable and incurable cases, which are able to pay their board; such poor as may be deemed worthy objects of charity. Since its organization to the present time, (1858) 9,019 patients have been treated here, over 2,000 of which belong to the last year.

The Institution is supported by subscriptions and donations. Two Resident Physicians are always present to attend to cases and applications.

A. A. CARRUTH, M. D., and THOS. P. HOLLOWAY, M. D., *Resident Physicians.*

ORDER OF CLINICAL COURSE.

Diseases of the Digestive Organs.

Dr. Joseph Klapp, 622 Spruce street. Mondays and Thursdays at 5 o'clock P. M.

Chest and Throat.

Dr. J. A. Meigs, 1531 Lombard street. Tuesdays and Fridays at 10 o'clock A. M.

Skin.

Dr. O. A. Judson, Spruce street, below Twelfth. Tuesdays and Fridays at 4 o'clock P. M.

Eye and Ear.

Dr. L. Turnbull, 1208 Spruce street. Wednesdays and Saturdays at 10 o'clock A. M.

Urinary Organs.

Dr. Charles Neff, 1901 Chestnut street. Mondays and Thursdays at 12 o'clock M.

Obstetrics and Diseases of Women.

Dr. E McClellan, 1441 Chestnut street. Tuesdays and Fridays at 12 o'clock M.

Fevers.

Dr. W. Darrach, 1120 Arch street. Wednesdays and Saturdays at 12 o'clock M.

Brain and Nervous System.

Dr. Geo. R. Morehouse, 227 South Ninth street. Wednesdays and Saturdays at 5 o'clock P. M.

Surgery.

Drs. D. D. Clark, 294 South Third street, and S. D. Gross, 201 South Eleventh street. Wednesdays and Saturdays at 9 o'clock A. M.

* The Trustees of this Hospital have secured a lot on Twenty-Second Street near Walnut, on which they propose soon to erect a building which, for the purposes of a hospital and conveniences for clinical teaching, will not be surpassed by any in the city.

CHILDREN'S HOSPITAL.

LOCATION—*Blight street, between Juniper and Broad, and Pine and Lombard streets.*

This institution has been in operation since November, 1855. It was established to meet an obvious want, there being no institution in the city devoted to the special treatment of diseases of children. "It aims to supply to the children of the poor in sickness a portion of the care and comforts which are enjoyed by the more favored classes —to surround them with circumstances favorable to recovery."

The hospital has accommodations for — patients, with the means of isolating particular cases. It has quite an entensive out-door department, in which during the year just closed — patients were treated.

Attending Physicians.—T. Hewson Bache, M. D., Francis W. Lewis, M. D., and R. A. F. Penrose, M. D.

Consulting Physicians.—Wm. Pepper, M. D., J. Forsyth Meigs, M. D.

Consulting Surgeon—George W. Norris, M. D.

UNIVERSITY HOSPITAL AND DISPENSARY.

LOCATION—*At the University.*

Established by the Professors chiefly for the benefit Of the students of the University, to whom its privileges are free. Clinics are held by the Professors on Wednesdays and Saturdays, from 12 M. to 2 P M. There is also a daily clinic at the Dispensary.

During the year ending March, 1858, 4,500 cases were treated at the Dispensary, many of whon were prescribed for, or operated upon, in presence of the class. A limited number of beds are provided.

JEFFERSON COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*At the Jefferson Medical College.*

Established by the Professors chiefly for the benefit of the students of Jefferson College, to whom its privileges are free. Clinics are held by the Professors on every Wednesday and Saturday, from 12 M. to 2 P. M. There is also a daily clinic at the Dispensary. During the year ending March, 1858, 1,600 cases were brought before the class. A limited number of beds are provided.

PENNSYLVANIA COLLEGE HOSPITAL AND DISPENSARY.

LOCATION—*At the Pennsylvania Medical College.*

This Hospital and Dispensary have been established for the special benefit of the students of the College, to whom its privileges are free. Clinics are held by the Professors on Wednesdays and Saturdays, from 12 M. to 2 P. M. A limited number of beds are provided. There is also a daily clinic.

LAZARETTO HOSPITAL AND QUARANTINE STATION.

This is situated on Tinicum Island, about twelve miles below the city, and has a resident physician, whose duties are similar to those of quarantine physicians generally.

FRIENDS' ASYLUM FOR THE INSANE.

This institution is under the care of the Society of Friends, and is located near Frankford. It was one of the first establishments of the kind in the United States.

Physician and Superintendent—J. H. WORTHINGTON, M. D.

PRESTON RETREAT.

LOCATION—*In the northwestern part of the city.*

This was established by the late Dr. JONAS PRESTON, as a Lying-in-Hospital, but the commercial disasters of 1837 destroying the greater part of the fund set apart for its endowment, has delayed the execution of the design of the founder. The building is now occupied by *The Foster Home Association.*

We are informed that there is a fund in existence, independent of the above, for the purpose of establishing a

HOSPITAL FOR WOMEN,

and efforts are being made to unite it with the above Institution, which it is hoped will soon be done, as such an establishment is needed.

CHARITY HOSPITAL.

LOCATION—*Buttonwood St., below Broad.*

This Institution, which was opened for the reception of patients in 1857, is temporarily located as above. Its original plan embraces a wide range of usefulness, but as the enterprise is in its infancy, the intentions of its originators are not yet fully carried out. There is an Obstetric department, also a Dispensary connected with the Hospital.

MEDICAL BOARD.

President, A. C. HART, M. D.

P. B. Goddard, M. D., A. W. Griffiths, M. D.
W. H. Pancoast, M. D., J. L. Ludlow, M. D.
H. St. Clair Ash, M. D., W. E. Weatherly, M. D.
B. Price, M. D.,

Secretary, S. Updegrove, M. D.
Treasurer, Z. Ring Jones, M. D.

PHILADELPHIA LYING-IN CHARITY.

LOCATION—931 *Race Street.*

Physicians.

E. WILSON, M. D., 1339 Arch Street. J. M. CORSE, M. D., 150 N. Tenth Street.

Four practical courses in Obstetrics are given each year, by the attending physicians, as follows: Course beginning on the 14th of February.

" " " 6th of May.

Dr. Wilson, *Lecturer*, Dr. Corse, *Clinical Instruction.*

Course beginning on the 5th of September.

" " " 24th of November.

Dr. Corse, *Lecturer*, Dr. Wilson, *Clinical Instruction*

Each course continues about eleven weeks, and includes fifty lessons on the great principles of Obstetric Science, and the practical details of the art, and these, when the pupil is prepared by manipulations on the manikin, are verified by opportunities of observing cases.

The members of each class have in rotation the patients of the PHILADELPHIA DISPENSARY, PHILADELPHIA LYING-IN CHARITY and PHILADELPHIA NURSE SOCIETY, assigned them for their care and attendance, with the aid of the Assistants, if necessary, and under the supervision of the Principals.

In addition to the Obstetric course, a Clinic will be held every Saturday, at 9 o'clock A. M., for the treatment of DISEASES OF WOMEN.

Fee for the Obstetric Course, - - $15

Fee for Clinical Course, - - - - 10

Apply at the Nurse's Home, 931 *Race Street, or to either of the Physicians, as above.*

Dispensaries

PHILADELPHIA DISPENSARY.

LOCATION—*Fifth Street, below Chestnut.*

Resident Physician—GEO. MARTIN, M. D.

Assistant " THOS. ROWE, M. D.

Excellent opportunities are afforded at this Dispensary for the observation and study of diseases and minor surgery. It is the oldest Dispensary in Philadelphia, having been instituted April 12th, 1786. During the year 1858, 9,740 patients were treated, and there were 490 in the obstetric department. There were 35,126 prescriptions compounded.

Cousulting Physicians and Surgeons—Drs. William Darrach, H. L. Hodge, G. W. Norris, and W. W. Gerhard.

Obstetric Physicians—Drs. E. Wilson, J. M. Corse.

There are six attending physicians and surgeons.

Apply at the Dispensary.

NORTHERN DISPENSARY.

LOCATION—*No.* 106 *Spring Garden Street.*

Resident Physician—J. M. SLOCUM, M. D.

Instituted October 1st, 1816. This Dispensary affords an excellent opportunity for the study of pharmacy and minor surgery.

During the year ending December 31st, 1857, 6,973 patients were admitted to the care of the Dispensary, and 12,600 prescriptions compounded; and in the Lying-in Department 41 patients were attended.

Consulting Surgeons—Drs. P. B. Goddard, D. Gilbert, and R. P. Thomas.

Consulting Physicians—Drs. S. Jackson, C. Noble, I. Remington, M. M. Levis, J. R. Bryan, and W. Mayburry.

Consulting Physicians to the Lying-in Department—Drs. H. L. Hodge, B. S. Janney, C. D. Meigs, T. H. Yardley, and J. Rhein.

There are eight attending Physicians and Surgeons throughout the District.

Apply at the Dispensary.

MEDICAL DEPARTMENT OF THE HOUSE OF INDUSTRY.

LOCATION—*Catharine Street, above Seventh.*

Resident Physician, ————————.

This was formerly the Moyamensing Dispensary, but was shortly merged with the Moyamensing House of Industry, and has rendered much service to the poor.

A large number of cases have been attended, both at its daily clinics and by its attending physicians. That portion of Philadelphia below South street comprises its limits, which is divided into four districts, each attended by a Physician. Applications for attendance are made at the Dispensary, to the Resident Apothecary, who directs them to the proper attendant.

THE GERMAN DISPENSARY.

Noble Street, above Fourth.

Has been in existence about one year. The object of the Institution is to give medical attendance to the German portion of the population, particularly to those who are not sufficiently acquainted with the English language, to make themselves understood by the Physicians of other Dispensaries. The German Dispensary is supported by voluntary contributions, and is deserving of the sympathy and liberality of our citizens. Since its opening *three thousand* cases have been treated.

The Attending Physicians are Drs. Tiedeman, Beeken, Rattenman, Schrotz and Fischer.

Special Lectures.

PARRISH'S SCHOOL OF PRACTICAL PHARMACY.

EDWARD PARRISH, 800 *Arch Street, Philadelphia.*

On commencing the eleventh Winter Course of Instruction, the proprietor has made arrangements for the separation of the lectures from the practical course; though these will be conducted simultaneously, the lectures *in College avenue*, and the practice, as heretofore, at the laboratory, No. 800 Arch street.

The practical course will be under the direction of John M. Maisch, a competent Chemist and Pharmaceutist, who will also take a small class of students in *Practical and Analytical Chemistry.*

Every effort will be made to sustain the former reputation of this school, and to teach thoroughly those important practical parts of Materia Medica omitted in the college courses.

FEES.

For Lectures on Pharmacy and Mat. Medica, $7 50
For full practical course on Pharmacy, 15 00
For laboratory Course on Chemistry, per month, - - - - - 25 00

PATHOLOGICAL ANATOMY, AND THE CLINICAL USE OF THE MICROSCOPE.

Lecturer—J. J. WOODWARD, M. D., N. E. corner of Tenth and Vine streets.

Dr. Woodward will commence his sixth course of lectures on the above subjects, at his house, N. E. corner of Tenth and Vine sts., about the middle of October, 1859.

This course treats of the *Clinical use of the Microscope, of Urinary Deposits, of the Minute Anatomy of the several Pathological Conditions*, and of so much of the microscopical anatomy of the healthy tissues as is necessary to an understanding of the morbid processes.

It is the object of the course to impart to the class such a knowledge of the application of the microscope to practical medicine as to render it a valuable aid in professional pursuits.

Fee for the course, - - $15 00

PRACTICAL INSTRUCTIONS IN MICROSCOPICAL ANATOMY.

DR. H. D. SCHMIDT gives a course of instruction in Microscopical Anatomy, in a course of three months, comprising twenty-six lessons.

For further information apply to

H. D. SCHMIDT, M. D.,
148 *N. Tenth St., or at the Anatomical Rooms of the Univ. of Pa.*

PRACTICAL INSTRUCTION IN AUSCULTATION AND PERCUSSION, IN CONNECTION WITH DISEASES OF THE CHEST.

DR. GERHARD will commence his course at the Pennsylvania Hospital on the 1st of November. Daily visits to the wards will be made on Monday, Tuesday, Thursday and Friday of each week. On Wednesdays and Saturdays the regular public clinical lectures are given.

Fee for the private course, - - $25

(Students are required to have the Hospital ticket)

DISEASES OF THE LUNGS AND HEART.

ROOMS—*Back of Jefferson College.*

Lecturer—W. E. WEATHERLY, M. D., S. E. corner of Eleventh and Spring Garden streets.

Dr. Weatherly will deliver, during the year, two courses of lectures on the various diseases, both functional and organic, of the lungs and heart.

The first course commences April 1st, the second, October 24th, 1859.

These Lectures will be amply illustrated by Drawings, Plates, Pathological Specimens, &c.

Clinical Instructions will be included in, and constitute a part of the above course; and will be held at the Charity Hospital, on Wednesdays and Saturdays, from 11 till 12 o'clock, when each student will be required to make a critical examination of the patients under the eye of the teacher, and give, as far as he is able, from the physical and rational signs, a correct diagnosis, prognosis, treatment, etc., of the suspected disease. These clinics will not interfere in any way with those of the colleges.

At the end of the course, a certificate of proficiency will be awarded to each member of the class desiring it.

FEE, $20.

MEDICINE AND SURGERY OF THE EYE AND EAR,

ROOMS—*in College Avenue.*

Lecturer—L. TURNBULL, M. D., No. 1208 Spruce Street.

Lectures delivered from October to March, and illustrated by cases, drawings and preparations. Advanced members of the class are furnished with Acute and Chronic cases from the eye and Ear department of the Howard Hospital, and the private practice of the Lecturer, under his supervision. A *public clinique* is also held twice a week, at the Hospital, being the only clinique in Philadelphia for diseases of the Ear.

Instruction is given on the use of the Ophthalmoscope, Otoscope, etc.

(Dr. T. has just returned from Paris, where, at

much trouble and expense, he provided himself with some of Auzoux' celebrated models of the Eye and Ear, for purposes of demonstration.)

FEE, $15.

PRACTICAL COURSE ON DISEASES OF THE LUNGS AND HEART.

ROOMS—*In College Avenue.*

Lecturer—J. DACOSTA, M. D., No. 212 South Eleventh street.

All physical signs are *experimentally* demonstrated. Patients are introduced, lesions diagnosticated and explained, and, as the course advances, the members of the class will be required to diagnosticate for themselves. The clinical meetings are held twice a week.

There are three courses given annually—one commencing early in April, one the last week in August, and one in November.

This course is not connected with any of the schools.

FEE, $20.

☞ *The lecture introductory to the next course, will be given on the 20th of October.*

OPERATIVE SURGERY.

ROOMS—*College Avenue Anatomical School, corner of College Avenue and Tenth street.*

Lecturer—W. S. FORBES, M. D., 257 South 17th street.

This course begins the 2d of November, and embraces all the important operations and practical details in major and minor Surgery, including the application of all the bandages and splints used in the treatment of fractures and dislocations.

The Student will enjoy the use of instruments, and *every facility* will be given to perform all the operations in the Dissecting Room.

FEE FOR THE COURSE, $15.

This course is entirely independent of the Lectures on Anatomy.

Gentlemen who attend *both* courses (*Operative Surgery and Practical Anatomy,*) will be given, in addition, a rigid examination of an hour twice a week, in connection with the Lectures on Anatomy and Surgery of the Jefferson Medical College.

Fee for the Lectures on Anatomy and Operative Surgery, including the "Quiz," twice a week, $25.

For further information apply to the Lecturer, Dr. Forbes, or to the Demonstrator, Dr. Hoyt.

SURGICAL ANATOMY AND OPERATIVE SURGERY.

Lecturer—S. W. GROSS, M. D., S. E. corner of Eleventh and Walnut sts.

This course of instruction will be commenced on the 1st of November, and will be continued throughout the *Winter Term*, three lectures being delivered each week.

Every important operation will be performed by the lecturer, on the subject, and the Surgical Anatomy of the particular part will be fully demonstrated by dissections, dried and wet preparations, and plates.

A limited class will be formed for *practical instruction*, each member of which will be required to perform the various operations under the immediate supervision of the lecturer. The necessary instruments and material will be furnished.

The Fee for the course of lectures alone will be $10, that for the practical course being $25. The members of the latter class will have the privilege of attending the lectures, free of charge.

For further information apply to Dr. S. W. Gross, S. E. corner of Eleventh and Walnut, or at the Clinic of the Jefferson Medical College.

OPERATIVE SURGERY.

ROOMS—*On College Avenue, entrance from Tenth st.*

Lecturer—JOHN H. BRINTON, M. D., 1007 Walnut street.

Dr. Brinton will commence his 21st Course of Lectures on Operative Surgery at his rooms in the Philadelphia School of Anatomy, College Avenue, Tenth street, above Chestnut, on Wednesday, October 19th, 1859.

The course is fully illustrated by the *recent subject* by *dried* and *wet* preparations, by wax models, casts and drawings. The lectures will extend over a period of four months, and will comprise a full series of demonstrations in Operative Surgery, Surgical Anatomy, the Treatment of Fractures, and Bandaging. Demonstrations adapted especially to the wants of gentlemen who may become candidates for admission into the Army or Navy.

The arrangement of the Practicings will be as follows:

Those of the class desiring to operate will be formed into sections of five, each one of whom will be furnished by the lecturer with the necessary instruments, and will operate under his supervision.

A supply of subjects can be obtained on the usual terms.

FEE FOR THE COURSE, $10.

Lectures preliminary to the above course will be given during the first week in October.

OPERATIVE SURGERY.

ROOMS—*Sansom street, below 10th.*

Lecturer—W. H. PANCOAST, M. D., 1032 Chestnut street.

Dr. Pancoast will begin his winter course on "Operative Surgery," Oct. 12th. This course will be of four months duration, and comprehends fifty lectures. All the usual operations will be performed before the class. Instruction in practical bandaging and the application of surgical apparatus will be given.

FEE, $15.

ROOMS—*Sansom street, below 10th.*

Lecturer.—HUNTER H. MCGUIRE, M. D.

Dr. McGuire will open his course of practical surgery on the 11th day of October, and continue throughout the winter session. All the practical details of major and minor surgery will be presented, and members of the class will have opportunities to operate, free of extra charge.

FEE, $15.

MEDICAL CHEMISTRY.

ROOMS—*Sansom street, below 10th.*

Lecturer—F. E. LUCKETT, M. D.

Dr. Luckett will commence his winter course of lectures on this subject in its relations to Toxicology, Therapeutics and Medical Jurisprudence, early in October. Three lectures will be given weekly for a series of sixteen weeks. The entire course will be illustrated by experiments, diagrams, &c.

FEE, $15.

PRACTICAL OBSTETRICS.

ROOMS—*In College avsnue; entrance on 10th street.*

Lecturer.—R. A. F. Penrose, M. D. 1133 Spruce street.

Dr. Penrose will commence a course of instruction in Practical Obstetrics on Monday, October 17th, in the rooms of Dr. Agnew, in College avenue, Tenth street, above Chestnut.

The course will consist of Lectures upon the Mechanism of Labor, combined with practical instructions upon the manikin and subject, of the most minute character.

Students will also have an opportunity, under the immediate supervision of the Lecturer, of rendering themselves familiar with every operation and manipulation necessary in conducting a labor.

Obstetrical patients will be furnished to such members of the class as shall be sufficiently advanced to take charge of them.

Fee for the entire course, $15.

PRACTICAL OBSTETRICS.

ROOMS—*Rear of Jefferson College.*

Lecturer—Wm. B. Atkinson, M. D., 215 Spruce street.

By this course the student is enabled to obtain a thorough and practical knowledge of Midwifery. The lectures are thoroughly illustrated by the Manikin, etc. Each student is furnished with a number of cases, of which he takes charge, under the supervision of the lecturer.

FEE, $15.

PRACTICAL COURSE ON OBSTETRICS.

Lecturer—Wm. D. Hoyt, M. D., N. W. corner of Seventh and Spruce streets.

Consulting Physician—W. V. Keating, M. D., 283 South Fourth street.

Dr. Hoyt will commence his practical course on Obstetrics on the 1st of October.

The course will embrace a series of Lectures on Practical Midwifery, Exercises on the Manikin, etc.

Obstetrical cases will be furnished to advanced students and graduates, which they will attend under his supervision.

Fee for the entire course, $15.

LECTURES ON DENTAL PRACTICE AND DISEASES OF THE MOUTH.

ROOMS—*In College Avenue, at the Philadelphia School of Anatomy.*

Lecturer—Jas. E. Garretson, M D., D. D. S., No. 40 North Sixteenth street.

In the first part of this course it will be the object to familiarize the student of medicine with the details of dental practice proper, and with the various dental relations as they in any wise pertain to general practice.

The second part will embrace the Diseases (Surgical and Medical) of the Mouth.

In minute and practical detail, will be taken up the morbid conditions of the Antrum Highmorianum; the varieties of Odontalgia; Dentition, as it affects the child and the adult; Fractures of the Maxillary Bones, with the construction and application of apparatus, particularly as comminuted cases are concerned; Treatment of Palatine Defects; the various diseases of the soft parts; Ptyalism, Stomatitis, Tumefactions, Scurvy, Periosteal, Scrofulous, Venereal, and other abscesses; Lymph Deposits, Trismus, etc. The surgical consideration of Caries, Necrosis, Exostosis, and the variety of Tumors; Resections; the reduction of Dislocations, etc.; Causes and Treatment of False Anchylosis; the employment of Anæsthetics, etc.

Tickets $10.

Office Instruction

AND WINTER EXAMINATIONS.

C. Pendleton Tutt, M. D., 140 South Eleventh street.

W. L. Wells, M. D., 216 South Ninth st.

Rooms—*No. 9 St. Stephen's Place—Entrance from College Avenue.*

The course of instruction will embrace a full series of examinations and demonstrations on the following branches, in connection with the lectures delivered in the Medical Department of the University of Pennsylvania:

By Dr. Tutt—Anatomy, Surgery, and Obstetrics.

By Dr. Wells—Practice of Medicine, Materia Medica, Chemistry, and Physiology.

Obstetrics will be taught from the Manikin, and particular attention will be given to the manual and instrumental operations of this department.

Materia Medica.—A full set of specimens has been provided, and all the important reactions in Chemistry will be demonstrated.

Fee, $30.

They will also take students for private office instruction, for the whole or a part of their course of study.

Especial attention will be given to preparing students for the Medical Board of the Army and Navy.

S. W. Gross, M. D., S. E. corner of Eleventh and Walnut strets.

Morris J. Asch, M. D., 417 Spruce street.

Rooms—*In the Rear of Jefferson Medical College.*

Examinations are held daily in all the branches taught in the Jefferson Medical College, commencing on the 23d of October. Near the close of the session a review of the entire course is given. The examinations are fully illustrated by surgical and anatomical preparations, a cabinet of materia medica, etc.

Exercise will also be given in writing prescriptions.

Fee, $30.

Dr. Asch—Physiology, Materia Medica, Obstetrics, Practice.

Dr. Gross—Chemistry, Anatomy, Surgery.

C. S. Bishop, M. D., No. 334 North Tenth st.

J. J. Woodward, M. D., N. E. cor. Tenth and Vine, or at the Surgical Dispensary of the University of Pennsylvania.

Rooms—*N. W. corner of Chestnut and Ninth Streets.*

Examinations are held daily on all the branches taught in the University of Pennsylvania, commencing early in October, and are fully illustrated by models, specimens, drawings, etc.

The class, besides the usual quiz, will have the privilege of attending, without additional fee, a series of *Review Examinations*, commencing on the third Monday in January, and continuing daily until the examination for degrees Although this arrangement necessitates *a quiz twice a day during the last six weeks of the session*, yet it is believed the advantages resulting from thus presenting anew the subjects studied early in the winter, will more than repay the additional labors of the student.

Dr. Bishop—Materia Medica, Obstetrics, and Surgery.

Dr. Woodward—Anatomy, Physiology, Practice, and Chemistry.

Fee for the full course, - - $30 00
" " a single branch, - - 5 00

Drs. Brinton and Da Costa will receive office students for the *whole* or a *partial* period of their study.

Those entering the office will have access to a library, to a cabinet of materia medica, and also to one of Anatomy. They will be regularly examined during the summer and winter, and will be instructed in bandaging, the application of surgical apparatus, the use of the microscope, etc.

Facilities will also be afforded students of attending the summer lectures at the *Philadelphia Association for Medical Instruction;* and they will have opportunities of seeing patients under the supervision of the subscribers.

Special attention will be paid to the preparation of candidates for the Army and Navy.

For further information apply to

John H. Brinton, M. D., 1007 Walnut street.
J. Da Costa, M. D., 212 south Eleventh st.

J. J. Levick, M. D., 1109 Arch street.

Wm. Hunt, M. D., 431 Arch street.

R. A. F. Penrose, M. D., 1133 Spruce street.

Drs. Levick, Hunt and Penrose, continue to receive students of medicine for the whole or part of their course of study.

Gentlemen becoming their pupils have access at all times to their rooms on Jayne street, (opposite the University,) which are furnished with a cabinet of materia medica, chemicals, anatomical, surgical, and obstetrical preparations, etc.

During the winter months, examinations are held daily on the various subjects of the lectures in the University of Pennsylvania, as follows:

Dr. Levick—Practice and Materia Medica.

Dr. Hunt—Anatomy, Institutes and Surgery.

Dr. Penrose—Chemistry and Obstetrics.

Fee for the winter examinations, $30.

Besides that of the winter session, regular instruction will be given during the summer months (with the usual vacation) on all the important subjects belonging to a thorough medical education.

W. E. Weatherly, M. D., S. E. Corner 11th and Spring Garden streets.

D. A. Mathews, M. D.

Rooms—*In Medical street, back of Jefferson College.*

Examinations are held daily on the various branches taught in Jefferson Medical College, commencing about the middle of October. The course is fully illustrated by models, drawings, specimens, etc. Special attention is given to Chemistry and Obstetrics.

Dr. Weatherly—Practice of Medicine, Materia Medica, Obstetrics, Physiology.

Dr. Mathews—Chemistry, Surgery, Anatomy.

Review Examinations of candidates for graduation commencing on the first of January, will continue daily until the close of the session.

Recapitulatory Lectures will be given on the lectures of each preceding week, and will be included in, and constitute a part of, the above course.

Fee, $30.

James M. Corse, M. D., 150 north Tenth street.

W. H. Hooper, M. D., N. W. corner of 13th and Sansom streets.

Rooms—116 *north Ninth street, above Arch.*

Examinations are held daily on the various branches taught in the University of Pennsylvania, beginning about the 21st of October. The course is illustrated by anatomical and surgical preparations, by a cabinet of materia medica, manikins, etc.

Fee, $30.

Dr. Corse—Obstetrics, Institutes, Anatomy and Surgery.

Dr. Hooper—Practice, Materia Medica and Chemistry.

F. E. Luckett, M. D.

Hunter H. McGuire, M. D.

Wm. H. Pancoast, M. D., 1132 Chestnut Street.

Rooms—*In Sansom street, below Tenth.*

Drs. Luckett, McGuire and Pancoast, will commence their course of daily examinations in connection with the lectures delivered in the Jefferson Medical College, early in October.

Recapitulatory Lectures will be delivered on the most important branches, and will constitute part of the instruction. Ample illustrations will be made in every department.

Fee, $30.

J. Cheston Morris, M. D., 1435 Spruce street.

R. Bolling, M. D., 256 South Twelfth street.

J. T. Darby, M. D.

Rooms—*College avenue, entrance on Tenth Street.*

Drs. Packard and Morris having dissolved their connection, Dr. Morris has associated with himself Drs. Bolling, of Va., and Darby, of S. C., for the purpose of conducting examinations in connection with the University of Pennsylvania.

Recapitulatory Lectures will be given on all the branches, as well as Special Courses on Diseases of the Skin, Microscopic Anatomy, Physiology, &c., to those who may desire it. Clinical advantages will also be afforded.

Fee for examinations, $30.

Office students received for the entire or partial course. Candidates prepared for the Army and Navy.

Drs. Bolling and Darby being Demonstrators at Dr. Agnew's "Anatomical Rooms," will be able to afford special facilities in this branch.

Theodore A. Demmé, M. D., 538 North Fourth Street.

James M. Boisnot, M. D., 822 Marshall Street

Rooms—244 *South Ninth Street, first door north of Pennsylvania College.*

Students are received for a part or the whole of their course of studies.

Examinations are held daily on all the branches taught in the Pennsylvania Medical College.

By means of Diagrams, Anatomical Preparations, and a carefully selected Materia Medica Cabinet, every facility will be afforded to the class in the prosecution of their studies.

Fee $30.

Oliver A. Judson, M. D., No. 1135 Spruce St.

Charles P. Turner, M. D., No. 235 South Eighth

William D. Hoyt, M. D., N. W. Corner Seventh and Spruce Streets.

Rooms—*In College avenue.*

Examinations are held daily on the various branches taught in the Jefferson Medical College, beginning early in October. The course is illustrated by Anatomical and Surgical preparations, by a cabinet of Materia Medica, etc.

Fee, $30.

R. J. Dunglison, M. D., Corner of Tenth and Sansom Streets, opposite Jefferson Medical College, or at 1116 Girard Street.

Rooms—*Opposite Jefferson Medical College.*

Dr. Dunglison will commence his course for the preparation of Students for graduation, with the

lectures delivered at the Jefferson Medical College. Examinations will be held daily, and careful attention will be paid to the thorough preparation of those who may form part of the class. The course will be fully illustrated by a cabinet of Materia Medica, plates, &c.

Fee, $30.

Dr. Dunglison will receive students for Office Instruction for the whole or a partial period of their studies. Those who enter the office will have access to a Library, cabinet of Materia Medica, &c., and Examinations will be held regularly during Summer and Winter, upon all the branches taught in Jefferson Medical College.

Dr. JOHN H. PACKARD receives Students into his private office as pupils, for the whole or a part of their course of study, on the usual terms.

Office, 1225 Spruce Street.

SUMMER INSTRUCTION FOR STUDENTS OF MEDICINE.

The Eighteenth Annual Course of Lectures of the *Philadelphia Association for Medical Instruction*, will commence on the *first Monday in April*, 1860, and will continue, with the usual midsummer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.

The following is the schedule of the course:

Medical Chemistry, by Robert Bridges, M. D.

Obstetrics and Diseases of Women, by William V. Keating, M. D.

Anatomy, by Ellerslie Wallace, M. D.

Institutes of Medicine, by S. Weir Mitchell, M. D.

Institutes and Practice of Surgery, by Addinell Hewson, M. D.

Principles and Practice of Medicine, by J. Da Costa, M. D.

Materia Medica and Therapeutics, by James Darrach, M. D.

Surgical Anatomy and Operative Surgery, by John H. Brinton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt.

Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

For further information relative to the course, apply to

ELLERSLIE WALLACE, *Secretary*.

No. 277 South Fourth Street, Philadelphia.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 13.

LATERAL FACIAL REGION, (continued.)—The secretion of the parotid, as well as the other salivary glands, is influenced much by causes of an emotional character; thus, it is diminished or even entirely suppressed by circumstances exciting fear. This fact has been taken advantage of to detect persons suspected to be guilty of some criminal act. A medical friend informed me that while on a visit to the sea side during the summer of 1858, a quantity of valuable property was purloined from the proprietor of the house where he lodged. There were some circumstances attending the occurrence which made it probable that one of the servants was the guilty party, though they all disavowed any knowledge of the theft. He suggested that they should be all summoned in a body into a private apartment, which being done, he proceeded to inform them he would be sure to point out the guilty person, and that escape was impossible. Ordering some rice, he placed a spoonfull in the mouth of each, directing that it should be chewed and swallowed. One after another masticated and transferred the bolus to his stomach with the exception of one, who, after sundry wry faces and elongations of the neck in fruitless attempts at swallowing, at length was obliged to desist. The truth was, a consciousness of guilt and the terror of detection had arrested the salivary secretion so completely that he was unable to moisten the grains sufficiently to make them cohere, rendering their deglutition impracticable. He ejected them accordingly from his mouth, perfectly dry, and confessed the theft.

The explanation must be looked for in the depressing effects of fear upon the nerves, so that their excito-secretory action is temporarily suspended.

High states of vascular action will likewise produce similar results, as an exemplification of which, we have the dry mouth in fevers attended with much arterial excitement.

I am disposed to believe, from observation, that the parotid, as well the as other salivary glands, are larger in tobacco chewers than in those not given to such a habit, which is not extraordinary when the constant excitation to which they are thus subjected is considered, inducing thereby an actual hypertropy.

The mass of fat between the buccinator and masseter muscles gives a degree of rotundity to this part of the face; its disappearance during attacks of wasting disease produces the hollow cheek. As it is packed round the parotid ducts it serves also to relieve them from pressure by the masseter muscles during mastication, and offers no obstacle to the flow of their contents into the mouth at a time when it is required.

Muscles.—The region of the face under consideration contains muscles of *mastication* and *expression.*

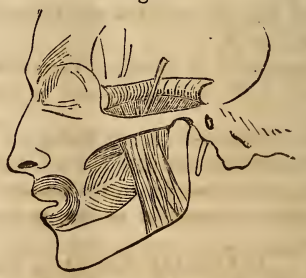
Extending from the zygomatic arch to the base of the lower jaw is the masseter muscle, covering, therefore, the ramus of the latter bone. It consists of two planes of fibres, which have somewhat opposite directions. The superficial part arises from the anterior two-thirds of the zygoma, and from the malar prominence of the superior maxillary, and passing backward, is attached to the angle and base of the inferior maxillary bone. The deep portion arises from the inner edge and lower border of the zygomatic arch, its whole length, and taking a forward course, is connected to the upper part of the outer surface of the ramus. It is a muscle of great power, containing a large intermixture of tendinous structure. Its motor and sensory nerves come from the 5th pair.

Practical Remarks.—Covering up the posterior half of the base of the lower jaw, as the masseter does, it will defend this portion of the bone against fracture. In fractures of the zygomatic arch, displacement upward or downward to any extent is prevented by the attachment of the temporal aponeurosis above, and the masseter below. When driven in, if comminuted, the temporal muscle may be wounded, (being inserted beneath it,) and mastication rendered impossible. The superficial portions of the masseters will aid in luxation of the inferior maxillary bone, as the condyles are in advance of the axis of their fibres. The deep portions, on the contrary, being directed forward, will assist in reduction by dragging the condyles backward when the bone is properly depressed.

Like the temporal, the masseter muscles are exceedingly irritable, and with them produce the chattering of the teeth. This is produced by their motor and sensory endowments proceeding from the same (5th) pair, the sympathies and impressibility of which are so extensive and extreme. The contraction of the masseter produces in part a degree of immobility in the temporo-maxillary articulation, distinguished as *false anchylosis*, hence wounds or inflammatory conditions of the muscle are attended or followed by stiffness and rigidity of the jaws. The hard and stony feel of this part of the face in lock-jaw is in consequence of the spasmodic contraction of its fibres.

When the jaws have been fixed for any considerable length of time, the muscle becomes atrophied, and when division of its fibres becomes necessary for the relief of anchylosis, it should be done in the upper part of the muscle, that the deep plane of fibres may be acted upon. In such operations the position of Steno's duct must not be overlooked, (see fig. 17,) nor that of the transverse facial artery.

Fig. 18.



If a probe be passed downward and for-

ward under the temporal aponeurosis between it and the muscle, it will appear at the anterior edge of the masseter, (see fig. 18.) An abscess may take the same direction, and will tend toward the cutaneous surface rather than the cavity of the mouth, because it will still be exterior to the buccinator fascia.

Muscles of Expression.—From the anterior part of the base of the lower jaw to the angle of the mouth there extends a triangular muscle, "the *depressor anguli oris.*" From the upper lip to the lower margin of the orbit runs the "*levator labii superioris proprius,*" and from the angle of the mouth run three muscles, the two lower ones to the malar bone, the *zygomaticus major* and *minor,* and the upper ones to the canine fossa, below the infra-orbital foramen, through which emerges the infra-orbitar nerve, the "*levator anguli oris* or *caninus,*" and last, in this region, the *buccinator,* arising from the upper and lower jaws, and posteriorly from the pterygo-maxillary ligament, is inserted into the commissure of the mouth, (see fig. 17.)

Practical Remarks.—Those lines which confer individuality of expression are so much connected with the musles of the face, that in operations upon this region it is better when it can be done, not to detach or displace them from their connections of origin and insertion, or where this is impracticable to replace them in their natural directions in the adjustment of the proper dressings.

Irregularities of Movement affect these muscles occasionally as manifested by twitchings, and which are to be referred either to functional or structural changes of the portio dura nerve, or the part of the encephalon from which it proceeds. The numerous communications of the portio dura with other nerves, will serve to show how readily these movements may be symptomatic of trouble in other and distant parts, as well as furnish an explanation of many other phenomena. We may instance a few as examples out of very many which suggest themselves. Unpleasant sounds often excite contortions of the face; thus a man of refined and cultivated musical ear will manifest the most painful expression of face in listening to the performance of a badly instructed orchestra. The explanation is found in the communication between the portio dura and auditory nerves. Substances attended with unpleasant taste excite wry faces by the connection of this nerve (facial) with the glosso-pharyngeal; and disorder of the stomach may produce irregular movements through the relation subsisting between it and the pneumogastric.

Facial Paralysis, is the loss of power over these muscles, in consequence of which those of the sound side draw the face awry. If the paralysis affect only the movement it involves the portio-dura (facial) nerve; if the sensation, the tri-facial, or 5th pair.

In cases of facial palsy the angle of the mouth is often seen to be drawn down. This is not done by the proper depressor which is supposed to be implicated with the other muscles, but by the angular fibres of the platysma myoides which receives its nerve supply from a different source. In the adjustment of wounds care should be observed to do so, parallel with the course of these muscles that there may be as little tendency to gap as possible, and that breaks in the natural topographical lines of the face may be avoided.

With regard to these muscles as organs of expression, I shall omit any remarks until those of the remaining regions have been described

Blood-Vessels.—The facial vessels are not very large, but are remarkable for their extensive inosculations, communicating with the internal maxillary through the anterior mental branch of the inferior dental artery which reaches the face from the anterior mental foramen; with the internal maxillary again through the infra-orbital artery as it emerges from the infra-orbital foramen; with the external carotid by the transverse facial; and with the internal carotid at the inner angle of the eye by the nasal branch of the ophthalmic.

Facial Artery.—This is a branch of the external carotid; it leaves the neck and reaches the face in front of the inner edge of the masseter muscle between it and the depressor anguli oris separated from the bone

only by its periosteum, and covered by the skin, superficial fascia, platysma myoides muscle, and the deep fascia. Ascending along the outer edge of the mouth it passes beneath the zygomatic muscles and ends at the inner angle of the eye, communicating there with the nasal, frontal, palpebral and corresponding vessels of the opposite side. The vessel as well as its branches have a serpentine form.

In its course the facial artery gives two or three branches to the masseter and buccinator muscles; a branch to the lower lip the *inferior labial*, which passes beneath the depressor anguli oris muscle; a branch to the border of the lip the *inferior coronary*, passing likewise beneath the same muscle; a third to the upper lip *superior labial;* a fourth to the side of the nose *lateralis nasi*, and finally terminates in the *angular artery*.

The Facial Vein commences at the inner angle of the orbit by the union of the frontal, angular and palpebral veins, receiving accessions as it descends the face; it is placed some distance to the outer side of the facial artery, in the upper part of the face, but approaches it as it descends, until on the lower jaw it is placed close along side between it and the inner edge of the masseter muscle.

Practical Remarks.—The extensive anastomoses of the facial artery may render it necessary in wounds of the face to secure both ends of the injured vessel. Its tortuous shape is well suited to the ever varying dimensions of the soft parts. The main trunk of the facial resting as it does against the inferior maxillary bone, can be effectually compressed so as to control very perfectly the circulation, and may be taken advantage of in operations upon the face. Its situation at the anterior edge of the masseter will most accurately conduct the surgeon to the vessel should circumstances require its ligation. The vascular inosculations at the inner angle of the orbit make it an exellent locality for the application of leeches. The beautiful capillary network which underlies the skin of the cheek, enriching it with youthful bloom, is supplied by the branches of the facial. The degree of color is wonderfully controlled by emotive states of the individual, through the sympathetic nerve; hence the heightened tint in blushing, shame, and rage.

There is also a glow of the cheek, which reminds us of roses painted upon tombs. This often lends an unusual degree of interest and deceitful beauty to the countenance, calculated to disarm friends of all apprehension, and excite feelings of hope. The bloom we allude to is that which accompanies phthisis, and many other exhaustive affections, and reveals to the physician too often a condition of things which fairly defies the agencies at his command. In pneumonia a peculiar flush is occasionally witnessed not only upon the cheek, but even across the nose. All of these changes in the condition of the blood vessels, must be referred to the connection between the pneumogastric and sympathetic nerves, enabling disease in the lungs to react upon the vessels of the face.

Powerful Mental Impressions a cause of Deformity of the Fœtus in Utero.

By B. Woodward, M. D.,
Of Galesburg, Illinois.

In the Reporter for August 27th, is an article by Dr. Zeigler on "Arrest of Development in the Uterus."

It has become so fashionable to decry, as "old fogy's," those who have faith in the power of mental impressions of the mother over the fœtus in utero, so as to cause deformity, that in some circles it is hardly safe to profess faith in such power. I have never been able to see anything so very unreasonable in the doctrine as some profess to think it. I beg leave to give you the history of a case from my "notes," and also a case as detailed to me.

From notes:—"March 12, 1854; to-day confined, Mrs. C. Rowe, mother of two previous children; labor tedious; child a male; almost every part deformed. The head was drawn on one side and the cheek adherent to the right shoulder; no ear on that side; arms, hands and legs deformed; one foot drawn up and adherent to the side of the leg; anus imperforate; penis rudimentary. The child

made a moaning noise, and lived about an hour. Could not get an examination after death.

Remarks.—Mrs. Rowe called upon me when she was in the third month of gestation, and stated that "she feared she had marked her infant." She had been visiting a friend, and while there, a child had a fit, in which she was very much distorted, and had frightened Mrs. R. so much that she feared her babe "would look as the child did." I tried to reason her out of it, but she remained in the same state of mind till her confinement.

Case 2. Mr. W. showed me his abdomen, across which was a mark having every appearance of a large rattle-snake. It had the regular spots of the snake, and the skin over it was actually scaly. The account he gave me of it was that "during the pregnancy of his mother, his father, to frighten her, threw at her the body of a rattle-snake he had just killed; it struck her across the belly and threw her into a fit, and when he was born he had this mark."

My own belief is, that in both the above cases, and in Dr. Zeigler's case, the mental impression of the mother was the cause of the deformity.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SEPT. 17TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Urinary Deposit.—A specimen of copious urinary deposit was exhibited to the class, which had the appearance of pus; but subjected to the tests of heat and of nitric acid,, was found to consist mainly of urates and phosphates, with a little mucus. Not a trace of pus could be detected by the microscope.

It was shown in order to impress on the minds of the class the necessity of careful and thorough examination in forming a diagnosis. Without a correct idea of the nature of this deposit, one might jump to the conclusion that the patient was laboring under pyelitis, or abscess of the kidney. The specimen came from an old lady, nearly eighty years of age, who had, six years ago, a severe attack of pneumonia of the upper lobe of the right lung, and who, after getting entirely well, was attacked late last spring with chronic rheumatism. About two months ago she was seized with a cough, hectic fever, emaciation, and has now a large vomica under the right clavicle, in all probability of tuberculous origin.

Cirrhosis of the Liver.—This patient, a male, aged 44 years, was in the hospital last winter, for ascites, under the charge of Dr. Wood. He was discharged, cured, last December, and remained well five months.

He was re-admitted eight weeks ago, with extensive ascites, and anasarca of the lower extremities, and in spite of active diuretics, and iron, these both very much increased. The history of the case, the absence of renal or cardiac disease, and the character of the symptoms, lead to the conclusion that cirrhosis of the liver is the cause of the dropsy.

The diaphragm was pressed up into the chest so far, as greatly to impede his respiration, he became so distressed that he could not lie down, and he was troubled with a cough, the result of bronchitis, caused by pressure on the vessels, in all probability. His heart was elevated above the left nipple, its apex was felt to beat in the third interspace. His symptoms were so urgent that we thought it necessary to tap him. This was done last Tuesday, and 30 pints of fluid were drawn off. He was greatly relieved by the operation. His cough is gone, and the distension of the abdomen is much less. The heart is even now unnaturally displaced.

Dr. M. here called the attention of the class to the statement of M. Sappey, who says that in the contracted state of the liver, resulting from cirrhosis, the current of the blood in the superficial abdominal veins is downward. There was here proof to the contrary. On emptying one of the enlarged veins by pressure with the fingers, and removing the pressure from below, it was observed to fill very rapidly, whilst it filled very slowly when the pressure was kept up below, so as to oblige it to fill from above downward.

The cream of tartar, which he had been taking, was continued, and he was allowed good diet.

Case of doubtful diagnosis.—Probable dilatation of bronchi, *with remains of old pleurisy.*

The patient was a girl, 13 years of age, admitted to the hospital on the 15th of June, with apparent tuberculous disease of the lungs. There seems to have been no predisposition, in her case, to tuberculosis, the mother alone of the family having died, after a short illness, of some fever, some years ago. The father, as also four brothers and two sisters, were all living in good health, and were all older than herself. The patient enjoyed good health till she was 11 years old. She then had an attack of

measles, followed by sharp and violent pains in the left side, with a cough which has remained to this time. She had, on one occasion, a slight hemorrhage, about a wineglassful, and has never menstruated.

When Dr. M. took charge of the wards, on the first of August, he supposed, from the character of the local symptoms, that this case was one of slow phthisis. At this time, however, he was forcibly impressed with the want of relation between the local physical signs and the general condition of the patient. The child had a daily attack of hectic about the middle of the day, which lasted but a few hours, leaving her free of fever at night. This circumstance led to the administration of quinine to the amount of twelve grains, in divided doses, before twelve o'clock. In a few days the fever was broken up, and did not return. The rapid dissipation of the daily fever under this treatment, led to a more thorough examination of the case, under the hope that a more cheering opinion of the nature of the case might be arrived at.

The patient, as the gentlemen could see for themselves, was not emaciated; on the contrary, she was quite up to the average, perhaps a little beyond the average of most growing girls in this country, as to her embonpoint. Her neck and shoulders were round and full, as were also her limbs. There was no flattening nor hollowing whatever about either clavicular region, and this, let it be remarked, after two years of ailing. There was no dyspepsia. There was not now, and there had been no diarrhœa. There was no sweating at night; there was no clubbing of the finger ends. These conditions were all opposed to the theory of phthisis, and yet the local physical signs were so much like those of tubercular deposit, that it was difficult to explain them under any other view. To these Dr. M. next called attention.

Upon *percussion*,—performed before the class—a great difference was observed in the two sides. Under and above the *left* clavicle, flat; right side, sonorous. Over the whole of the *left* side, before and behind, marked dullness, most decided over the upper regions; right, perfectly clear.

Auscultation.—Under left clavicle, strong, bronchial respiration, almost cavernous, with moist rattles; behind, at the root of the lung, a cavernous respiration, with mucous rales; right side, puerile respiration at the summit. This lung breathes in a supplemental way; in other respects, auscultation natural over this side, except over a space about an inch in size, just below the spine of the scapula, where the respiration is bronchial, while above and below this point a vesicular murmur of healthy character is readily heard. Over this point, moreover, the percussion tone is normal, showing that the bronchial respiration is not caused by an abnormal solid deposit.

Inspection.—The chest was bared and found by measurement to be smaller by $\frac{3}{4}$ of an inch on the left than on the right side. The tips of the fore-fingers were placed upon the acromial processes, and their movement observed during full inspiration, as recommended by Dr. Corson, of New York. The right was seen to rise higher and more rapidly than the left. The difference was very marked when the lower angles of the scapula were made the points of observation, the left appearing almost stationary.

On the whole, Dr. M. was inclined to believe that the case was one, not of phthisis, as he had at first supposed, but of chronic bronchitis, with dilatation of the bronchia, following upon an acute attack of pleurisy, which had given rise to thickening of the pleuræ, adhesion between the two pleuræ, and contraction of the side.

The want of correlation between the constitutional symptoms and an assumed tuberculous deposit in the left lung, has already been sufficiently considered. Let us glance at the physical signs again. In the first place, the small amount of disease in the right lung, as compared with the left, is opposed to the idea of phthisis. One lung is rarely found so healthy as the right is in this case, when the other contains a large amount of tubercular deposition. To be sure, there is some bronchial respiration, with moist sounds over the upper part of the right scapula, but this is limited to a very small space, and is not attended with the dulness in percussion which ought to be present were the bronchial respiration caused by an effusion of solid matter. These conditions are better explained by the theory of an enlarged bronchus. Above and below this point, the vesicular murmur is natural, as it is also in front, above and below the clavicle. Again, in regard to the left lung—the signs of excavation in the infra-clavicular region are not positive. The respiration is bronchial rather than cavernous, and the rales rather largely subcrepitant and mucous than gurgling. On one occasion a large, moist rale, heard at this point, was clearly perceived to be a consonating trachial rale. Behind, also, the signs of excavation are most marked at the inter-scapular space, where the bronchi are of largest size, while above, the respiration is only harshly bronchial. To conclude, the dulness on percussion may be explained partly as the result of pleural thickening, and partly, as the result of that induration of the lung-tissue which has been well shown by Dr. Walshe, and by Jones and Sieveking, to accompany quite frequently chronic dilatation of the bronchia.

The treatment had been throughout, cod-liver oil, quinine, and full diet.

Chorea.—Patient a girl, 15 years of age; ad-

mitted 14th of June; duration of disease five years; was caused by fright; passed some worms in the beginning of the disease; has now a blowing murmur at the base of the heart; headache and constipation. Her walk is the peculiar tottering, dragging gait of this disease.

Treatment.—At first the *wine of the citrate of iron and zinc*, and strychnia, were productive of no benefit, and were discontinued. Two weeks ago, she was placed on the use of arsenic and iron, in the form employed by Dr. Wilson in the treatment of eczema.

℞ Liq. potas, arsen. ♏xxxij.,
Vini ferri,
Syrup. tolutan., aa. f℥ss.,
Aquæ anethi, f℥i. M.

Dose.—A teaspoonful three times a day, directly after meals.

The patient has a cold shower-bath, every day, and full diet.

Dr. M. believed the disease to be dependent upon a faulty crasis of the blood,—at least, this was present in all the cases he had seen. His patients had always been pallid and anæmical, and in severe cases, they were so to a very great degree. The portion of the nervous system chiefly implicated was, in all probability, as pointed out by Dr Carpenter, the upper part of the cranio-spinal axis. The excito-motor and sensori-motor functions were excited and exaggerated beyond their healthy rate, whilst the power of the will over the voluntary movements was greatly reduced. The co-ordinating power was lessened, whilst the reflex movements, and those occasioned by emotional excitement were exaggerated.

The remedies most useful were stated to be iron, arsenic, cimicifuga, and the cold affusion or shower-bath. In very severe cases, attended with loss of strength, and marked anæmia, Dr. M. had used, with great benefit, cod-liver oil, iron, and milk-punch.

September 21st.

Hydræmia.—The patient a young woman, admitted July 29th, and about to be discharged convalescent. Her cure has been very satisfactory; her treatment, simply Huxham's Tincture and Metallic Iron. When admitted, she was not able to walk up stairs without fainting; she had a violent palpitation upon the least exertion; dyspnœa, and loss of muscular power; a bellows murmur over the *apex* of the heart, not the position where this sound is usually heard, and a venous hum in the large veins of the neck.

The iron in her treatment was accidentally omitted a week or ten days, and she ate some unwholesome food, and immediately began to retrograde, but resuming the iron, has, since, steadily progressed toward a cure.

Phthisis, Two Cases.—Case 1st, Incipient.—Patient a woman, 30 years of age; admitted a week ago; duration of sickness, 5 months. She was ill protected from cold, in her own house: and in March was attacked with a cough; no pain, chill, or coryza. She has had several hemorrhages, of moderate amount. She is now thin, pale, weak, without appetite. Auscultation and percussion, performed before the class, left no doubt as to the nature of her disease—phthisis, limited to the upper lobe of the left lung.

Treatment.—Cod liver oil, iron and quinine, and a small blister every few days to the clavicular region; in addition, a good, wholesome diet. Her continuing to menstruate, Dr. M. thought a favorable symptom; the cessation of this function in advanced disease may be looked upon as an effort of nature to arrest a drain upon the system.

Case 2d.—Patient a weaver, 21 years of age; sick since the 25th of June, and admitted a month ago. One of his family has died of thoracic disease. He was attacked at first by cough and coryza. After the commencement of his illness he drank immoderately of ice water, and was seized with violent pain in his side. He has not been able to work since. His expectoration has been slightly tinged with blood. There has been no copious hemorrhage.

Percussion.—Left side, from lower angle of scapula downward, dull; right, natural. In the interscapular spaces no material difference. Left, below clavicle, sonorous; right, also sonorous; if any difference, the left has a little higher tone. Above the clavicles the sounds were the reverse of these. These minute shades of difference Dr. M. remarked it was important to notice. If we could make out any difference, it was our business to explain it, for both sides ought to be alike.

Auscultation.—At the point of dullness in the left infra scapular region, an abundant, moist rhonchus, both in inspiration and expiration. Right side, vesicular murmur strong and healthy.

In coughing and speaking, the left side is most resonant to the ear.

Upon the same side, under the clavicle, the respiration is that called *saccadée*, or jerking; this is thought to depend on an impediment to the air vesicles in inspiration.

Upon the right side the respiratory sounds are good.

Treatment.—Cod-liver oil and tr. of chloride of iron, with morphia for his cough.

Iodine ointment is also rubbed over the lower part of the left posterior and lateral regions.

This man, Dr M. remarked, I have no doubt, is tuberculous; he has the prolonged expiration, jerk-

ing respiration, dullness over the left clavicle, and night sweats of phthisis. I believe it to be one of the few cases in which the disease commences in the lower lobe of the lung.

Medical Societies.

ACADEMY OF MEDICINE, (NEW YORK.)

[Prepared for the MEDICAL AND SURGICAL REPORTER from phonographic reports.]

The meeting of the Academy on September 21st, notwithstanding the exceedingly bad state of the weather, was well attended—young America predominating—as it had been understood that quarantine and yellow fever were to form the subjects for discussion this evening, and that Dr. Griscom would open the debate.

After the minutes of the last meeting had been read and approved, the President, Dr. Watson, called upon Dr. Griscom to open the discussion.

DR. GRISCOM observed that he was ready to open the discussion with a few remarks, if the Academy wished him to do so; but he regretted the absence of two gentlemen in particular, to whom this matter was of great interest; and as he would make statements and advance views in opposition to those entertained by these gentlemen, and would like to have their views on the subject (referring to Drs. Francis and J. M. Smith) he would hence suggest, whether it might not be better to lay this subject over to another meeting, when these gentlemen would be present.

After a few remarks by several gentlemen, a motion of postponement was carried.

In the absence of any regular subject for discussion, cases of interest were called for by the President.

Anasarca.—DR. GRISCOM remarked that he had recently met with a very interesting case of *anasarca*, which he supposed resulted from disease of the liver, though not positively certain as to the precise pathological condition of that organ. The case derived its interest from the rapid manner in which the dropsical effusion disappeared upon the administration of *apocynum cannabinum*, combined with juniper berries. The formula in which the remedies were used was as follows:

℞ Apocyni. cannabini, ℥ss.
Baccarum juniperi, ℥i.
Cinnamomi, ℥i.
Aquæ, Oiij. M.

And boil down to a quart.

The remedy produced very little purging, but acted principally upon the kidneys, producing profuse diuresis, under which the effusion rapidly disappeared.

A similar case was recited by another member.

Case of Traumatic Tetanus—Recovery.—Dr. GARRISH related the following case:

He was called about three weeks ago to see a little girl ten years of age, who had, while gathering wood from the side-walk, ran a nail entirely through her foot. The nail entered at the planter surface, and came out near the ankle-joint. The injury was such that she was unable to walk more than half a block, and had to be carried home. Her mother had great difficulty in extracting the nail. Nothing untoward took place until after the expiration of 24 hours. She was then seized with pain in the foot which gradually increased until it became of a very severe character. At this time Dr. Garrish was requested to see her. It was then about thirty hours since the accident. He found her with slight spasmodic action about the muscles of the jaw on the right side; (the nail had penetrated the right foot.) The case was at once recognized as one of tetanus.

The foot was placed in hot water, and kept in it for about three or four hours. Counter-irritation with croton oil was applied along the spine, and the patient put on assafœtida, of which two grains were given every two hours, with a quarter of a grain of hyoscyamus. Still the spasms continued to increase. After about forty hours, opisthotonos set in, so intense that it was impossible for the back to touch the bed, the body forming a complete arch. At this time the patient would not allow any one to touch her. Finding that she had not slept any, the Doctor commenced giving her chloroform, letting her inhale it moderately. Under its influence the spasmodic action of the muscles all subsided, and the patient laid quietly for about an hour, and appeared to be in a state of unconsciousness. At the expiration of an hour she again became conscious, and the spasms returned. The medicine was directed to be continued, increasing the dose of assafœtida to *four* grains, with quarter of a grain of hyoscyamus. The chloroform was again resorted to, whenever the spasms appeared. At the expiration of six days, all the symptoms had subsided. The girl soon recovered perfectly, and is now running about. Dr. Garrish attributes the cure to the assafœtida.

DR. WATSON inquired as to the nutriment given.

DR. GARRISH.—A little beef tea and chicken broth. The spasms about the jaw were so very violent that swallowing was difficult.

DR. BATCHELDER wished to inquire whether any particular notice had been taken of the pulse.

DR. GARRISH stated that it had been noticed, and was as high as 115 to 125; not higher than 125.

A member wished to know whether any subsi-

dence of the symptoms had been observed *before* the administration of chloroform.

Dr. Garrish.—There was none before the chloroform was given; the chloroform, however, only relieved the patient temporarily. After the effect of the chloroform had passed off, the symptoms resumed their violence. It appeared to him that the chloroform had *no influence in the cure.*

A member, whose name we could not learn, remarked that his experience had been in favor of chloroform alone. In one successful case he gave it as a dernier resort internally.

Dr. Finnell remarked, that in one of the recent foreign journals there was an article published, where a number of cases were drawn up, in which most of the active narcotics had been used. The conclusion arrived at was, that these agents possessed no curative properties. Assafœtida had also been faithfully tried, without much effect.

Dr. Watson remarked that he had had a great deal of experience in this disease, and believed that he was the first to introduce that remedy. He used it in his early professional years, and has given it since in almost every case; yet he placed very little reliance upon it as a curative remedy, but has used it simply as a palliative. He does not believe that there is any remedy that will cure this disease, any more than we can cure small-pox. It will cure itself—it has its own limit. With regard to the effects of chloroform, etc., he does not believe that they possess any curative powers. If you can prevent spasm of the glottis, paralysis of the heart, exhaustion of the nervous system, which are the immediate causes of death in these cases, the disease will cure itself. It is extremely necessary to stimulate, in order to keep the system from exhaustion. Dr Watson has now under treatment a little patient, who has had tetanic spasms for several weeks, and who has taken a pint of brandy a day, without producing intoxication.

Case of Embolus.—Dr. Barker related the following case:

He was called to see a lady, æt. 59 years, of spare habit, who had been unusually healthy in every respect. On Thursday last she observed that her left arm had suddenly began to swell. When Dr. B. saw her, the arm was swollen to about four times the size of the other arm. The swelling was not accompanied by any redness of the surface; it did not pit on pressure, but was apparently simply distended. The pulse on the affected side could not be felt on account of the swelling. The pain was very great, and was particularly referred to the under side of the arm, near the shoulder.

At first Dr. B. did not know what to make of the case. He questioned her in regard to every possible exciting cause, but could only learn that she had occasionally had palpitation of the heart, after moderate exertion; that she had sometimes had œdematous swelling of the feet. Upon examination, the line of dullness of the heart was found to be increased, especially towards the right, and the first sound was accompanied with a loud murmur, so *loud*, indeed, as to obscure the natural sound almost entirely. His diagnosis, therefore, was dilatation of the right side of the heart, together with disease of the tricuspid valves, and he concluded that the swelling of the arm was caused by the formation of a clot, which had blocked up the brachial vein.

Friction was then applied to the arm with camphorated liniment, and the arm brought into a perpendicular position. In the course of an hour the swelling had in a great degree subsided. The Doctor was about leaving the house, when he was suddenly called back. They told him that she was fainting. He went to her room immediately, and found truly an alarming state of affairs. The countenance of the patient was pale and haggard, large drops of perspiration covering the face. He thought the patient was dying, and commenced giving stimulants as fast as he could get them down. Thinking that emotional agitation might have had something to do with this sudden prostration, he ordered

℞ Ether. chloric. f℥i.
Morphiæ sulph. gr. ii.
Olei valeriani, f℥ii.
Syrup simplic. f℥i. M.
Give a teaspoonful every hour.

Six hours afterward she became a little better, and passed the night quite comfortably. The next day the swelling had almost entirely disappeared. She has enjoyed her usual health since. She took a pint of brandy before eleven o'clock that night, and although usually very susceptible to stimulants, this produced no intoxication.

The Doctor related the case in order to ask the opinion of the Academy as to the correctness of his views on the pathology of the case. No practical remarks were made, however, the Academy evidently coinciding with the Doctor's views.

A resolution was offered by Dr. McNulty, opposing the recommendation of a certain preparation of cod-liver oil, upon which the section on materia medica had reported. After a protracted debate, it was referred to the Council. [*See correspondence.*]

Gotham.

———o———

Those diseases which medicines do not cure, iron (*the knife*) cures; those which iron cannot cure, fire cures; and those which fire cannot cure, are to be reckoned wholly incurable.—*Hippocrates.*

EDITORIAL DEPARTMENT.

PHILADELPHIA, SATURDAY, OCTOBER 1, 1859.

THE THIRD VOLUME.

The prospectus of the third volume of the MEDICAL AND SURGICAL REPORTER has been for sometime before our readers. They will see that our march is still onward, both in respect to quantity and quality of matter. Through the kind consideration of the profession toward our enterprise, we have been enabled to extend our arrangements for the year, upon which we enter this week. Besides adding several pages to our weekly issue, we have, as heretofore announced, improved our arrangements for clinical and medical society reports. From New York we shall be in the regular receipt of reports prepared from phonographic notes of medical matters in that city. We are also extending our correspondence in other directions, it being our determination to uphold the general interests of medicine in this country. Our profession has *suffered* for the want of a *popular* representative, and we trust that they will ever find the REPORTER faithful to the high trust that they are confiding to its keeping. When we forget the heaven-born mission of our profession, the high tone of morals, the dignified (though not "straight-laced") bearing that becomes the votary of science—when we lose sight of the fact that our profession are, and ever will be, cultivators in fields of science whose bounds reach beyond the confines of time—when, forgetting our high professions, yet humble attainments, we descend to "fables which minister questions" and gender strifes, rather than the advancement of our readers in knowledge—then will we be unworthy representatives of medicine, and our enterprise should be consigned to oblivion.

A leading feature of this journal is the weekly reports of clinics and medical society debates. These, for reasons that are apparent, will be more prominent during the winter than the summer months, and it is our intention to have them more select in future than they were during a portion of the past year, by omitting cases of minor interest or importance. This we will be enabled thoroughly to accomplish, we think, as we have a wide field to labor in, and in our principal cities are to be found clinical teachers who are quite equal to any in Europe.

The Periscope department will not be neglected. In it we shall give brief summaries of home and foreign improvements in medicine and surgery, and endeavor to keep our readers fully up to the literature of the times in all branches of medical science.

The second volume just closed, comprising the labor of the past six months, contains a vast amount of material presented in a very attractive style. The index covers nearly *six* double column pages, and there were original communications from nearly *sixty* contributors. This is a very fair exhibit of the importance to which our enterprise has already attained, and the readiness of the profession to avail themselves of its pages as a vehicle through which to diffuse their thoughts.

ATLANTA MEDICAL COLLEGE

We would call the attention of our readers to the advertisement of the Preparatory Course of Lectures in the Atlanta Medical College. The Professors in that school have won for themselves an enviable reputation as medical teachers, and the *practical character* of their preparatory course will make it exceedingly valuable to the student.

Correspondence.

New York, September 26, 1859.

NOSTRUMS.

You will perceive in the account of the proceedings of the Academy of Medicine, of September 21, which I send you, that an ethical question was brought up, which I consider as of the highest import; notwithstanding the opinion of some, who—whenever a question of ethics is brought up—decry it as an intrusion upon the legitimate business of medical societies. The question, in this instance, is a very simple one; and, if the members of the profession will but look at the *practical* bearing of such questions, it will be obvious that they are not only called for, but that their

definite and *uncompromising* settlement becomes a paramount necessity, arising from our duties, as a profession, to the public, as well as from a proper regard for our own honor and dignity.

Every one of your readers has probably met with newspapers in which some patent medicine or preparation was advertised "*as approved by the Academy of Medicine*," and under this sanctioning label it is bought by the ignorant sick and their friends, and taken according to the dose and directions on the label or the "unavoidable *pamphlet*" accompanying the bottle or box, in an heterogeneous multitude of diseases, without the advice or counsel of a physician.

Now, I humbly ask, what is the difference between the *Academy of Medicine* referring any patent medicine or nostrum to their section on materia medica, and through *them* recommending and approving of it; and the *individual* physician to whom some friend applies, who has compounded a nostrum, and who—on a careful examination—finds it a good preparation? What is the difference between the individual physician who puts his signature of approval to a nostrum, and the Academy, who does the same thing through its section on materia medica? Theoretically, we can see none. But the *practical* difference is this,—*that the individual physician, if a member of the Academy, would be liable to expulsion for doing* INDIVIDUALLY *what the Academy is in the habit of doing* AS A BODY.

I give to your readers a summary of the case under question:—

The section on materia medica presented a report upon a certain preparation of cod liver oil, manufactured in this city. The report was accepted. When the *adoption* of this report came up, considerable discussion took place.

Dr. McNulty remarked, that, without having reference to this particular preparation, he hoped that the report would not be adopted by the Academy. The result, as past experience had shown, would be unfortunate. All the manufacturer wishes is, that the Academy may approve of his particular preparation, so that he may spread broadcast over the land, by advertisements in every city, country, and village newspaper, "*Approved of by the Academy of Medicine of New York*," with a long ist of all its officers thereunto attached. He, would ask the members for what reason these men endeavored to get their nostrums washed through the Academy, if it were not that they might place the solid dollars in their pockets. The recommendation of this body is worth thousands of dollars to them, and they know it. Again,—we have no security that these men, after they obtain the approval of the Academy, will not palm off a miserable substitute for the original preparation; and to this deceptive substitute each prominent member must have his name ingloriously affixed. He would therefore offer a resolution, preventing the adoption of the report.[1]

Dr. McNulty wished to be understood in this matter. He did not have any particular reference to the preparation here presented, but wished to prevent hereafter the entrance of nostrums for the sanction and approval of the Academy.

It may be said, he continued, that the Academy have the power to revoke any approval or sanction which they have granted. But if you take a step of this kind, you will be obliged to state your reasons; and should any thing be said which would tend to prevent the sale of a preparation, or anything charging the manufacturer with adulteration of the original article, the members presenting such a report would be liable to be sued for daml ages.

It might be said, why should we not permit these articles to be brought forward? The Academy of Medicine at Paris has hardly a meeting without something of this kind being presented. This we readily admit; but the Academy of Medicine at Paris have a power which we have not. They can at any tiem entirely prevent the sale of any preparation which they have recommended. They have only to enter a complaint against any nostrum approved of by them, and its sale will be strictly prohibited by government. This we are unable to do. If these men obtain our approval *once*, they have it *always;* and this is the reason why the makers of these preparations endeavor, by every possible method of "log-rolling," to get their nostrums brought to the notice of the Academy of Medicine.

In conclusion, the doctor hoped that his resolution would be sustained,—at least, he hoped that a vote would be taken upon it, as he wished to have the opinion of the Academy upon this subject. If he was right, he wished to be sustained; if wrong, vote the resolution down.

[1] As I have no desire to give notoriety to any specific preparation, I abstain from giving the original resolution, inasmuch as it contains the name of the article and its manufacturer.

It was objected, on the other hand, that the resolution did not embody the spirit of the doctor's remarks, viz., that of preventing hereafter the bringing forward of these preparations and nostrums to the notice of the Academy for their approval.

At the request of *Dr. Barker*, the motion was then withdrawn, also a substitute offered by *Dr. Griscom*, and the whole matter subsequently referred to the council.

It is to be hoped that the latter will soon report, and recommend such action as is best suited to abolish this abuse.

THE SCHOOLS.

The preliminary courses in our various medical colleges have now fairly commenced, and if any estimate can be formed from the present attendance, we do not hesitate to predict that the number of matriculants and graduates will be far more than in any previous year. Each institution, of course, makes strenuous efforts to induce students to patronize it; and the result of this honorable competition has been, as one would naturally infer, a full course of lectures, more interesting, more elaborate, than is usually the case.

Yours, GOTHAM.

Medical News.

Influence of "Burial Clubs" on Infant mortality.—The *Med. Times and Gaz.* says: That it is to be feared that the existence of burial clubs among the poor is, indirectly, one of the fertile sources of our increased infant mortality. The subject has lately been prominently brought into notice in a work, by Mr. Joseph Kay, on the "Social Condition and Education of the People," especially in a chapter, "The Frightful Extent of Infanticide among our Poor." A collector of a burial society states to Mr. Kay: "The poor people often told me that they were unable to pay at the time of my visit, but when a certain member of a family died—generally a child—they would be able to pay." The collector of a burial society in Manchester states strong grounds for believing that is has become a practice to neglect children for the sake of the money allowed at their death. A lady stated that a young woman whose service she required as wet-nurse, having a child ill, she offered to send her own medical friend to see it, but the reply was, "Oh! never mind! it's in two burial clubs."

It also appears, on the authority of a burial club official, that hired nurses often speculate on the lives of infants committed to their care, by entering them in burial clubs; and that "two young women proposed to enter a child into his club, and to pay the weekly premium alternately. Upon inquiring into the relationship existing between the two young women and the child, it was ascertained that *the infant* was placed at nurse with the mother of one of the young women!" Comment on these statements is unnecessary, as the facts speak but too plainly for themselves.

Prof. Henry Bronson, who has for several years held the Professorship of Materia Medica and Therapeutics in the Yale Medical School, has tendered his resignation, to take effect after the winter course of lectures. Dr. Charles A. Lindsley, a graduate of Trinity College, and an excellent physician, has been nominated as his successor, and will assist in the winter course of lectures.

A Veteran Horse—Gen. Jackson's old horse is dead at last, at the age of forty-one years. For several years he has been unable to masticate, and was fed with bran, &c. The defunct carcass of this famous old horse was interred with all due solemnities "in the presence of a large concourse of his old friends." It would have been better to have placed his skeleton in the museum of the University of Nashville, where it would have been an object of interest an hundred years hence. This was quite an oversight, and, perhaps, it is not too late to remedy it.

Dr. Winship, of Boston, the famous "strong man," has accepted invitations to lecture this winter at Rochester, N. Y.

Experiments have been made in watering the streets of Lyons with hydrochloric acid. The *Med. Times and Gaz.* says, that it hardens the road, and, by its deliquescent property, keeps it moist.

We understand that Sir Henry Holland, M. D., Bart., Physician to Queen Victoria's household, was in this city during the past week. We are pleased to welcome this distinguished physician among us again, after so brief an absence.

Army and Navy Intelligence.—Assistant Surgeon Charles T. Alexander has been directed to accompany "D," First Infantry, to to the site of the new military post recently established in the Wachita Country, Texas.

Assistant Surgeon P. A. Quinlan will proceed to Fort Unpagna and relieve Assistant Surgeon Vallum, who will proceed to Fort Crook and report for duty.

Assistant Surgeon W. A. Hammond has been directed to repair to Fort Mackinac, Michigan, and relieve Assistant Surgeon J. F. Head, who has recently been granted a leave of absence.

Assistant Surgeon E. Swift, now on leave of absence, has been permitted to visit Europe.

Assistant Surgeon W. J. L'Engle has been ordered to proceed to and report for duty at Fort Mason, Texas.

Surgeons Joseph Beale and D. Harlan have been ordered, as members of a Board, to examine candidates for admission into the Naval School.

Dr. Henry H. Smith has sent in his resignation as one of the surgeons of St Joseph's Hospital in this city. We are sorry to hear this, as Dr. Smith is one of our best clinical teachers, and we hope, ere long, to record the fact, that this hospital is open for the purposes of clinical instruction.

Dr. S. W. Butler has been appointed Chief Resident Physician to the Philadelphia Lunatic Asylum.

The Clinic, at the Philadelphia Hospital, is held by Drs. J. L. Ludlow and D. H. Agnew on every Wednesday and Saturday morning.

The introductory lecture to the winter session of the Clinics will be delivered by Dr. J. L. Ludlow on Wednesday, the 12th inst.

The hospital is accessible by the Market Street Passenger Railway.

"Firing up" with Mummies.—It is a curious fact that the bodies of the most enlightened nation of its time, many centuries ago, are now made to aid in getting up steam in the present fast age. On the new railway in Egypt, the first locomotive run used mummies for fuel. The bituminous matter used to embalm them and to seal the wrappings makes them very inflammable. The supply of mummies is said to be inexhaustible, and they are used by the cord!

To Correspondents.—*Mr. B., Lancaster, Pa.*—The University of Heidelburg is not *free.* A part of the regular course can be attended without expense, and the entire fee for the course will not exceed fifty dollars. The cost of living need not be more than half that usually expended by students in this country.

Student.—The appointments of Resident Physicians in the Philadelphia Hospital will be made early in next April. Candidates will be examined by the Medical Board of the Hospital and presented in the order of merit to the Board of Guardians, by whom the appointments are made.

Communications Received.—Illinois—M. M. de Levis, Dr. J. W. Freer, Dr. M. Shepherd (with enclosure.)

Iowa—Dr. John Kerr, (with enclosure,) Dr. J. C. Risley, (with enclosure.)

Indiana—Dr. W. H. Simmons, (with enclosure.)

Maryland—Dr. H. B. Wilson, Dr. Leander Wachter, (with enclosure.)

Mississisippi—Dr. W. N. Ames, (with enclosure.)

New York—Dr. J. H. Griscom, "Gotham," (2), F. F. Mayer, (2,) Dr. J. Parmely, (with enclosure)

New Jersey—Dr. I. S. Cramer, (with enclosure,) Dr. W Johnson, Dr. W. M. Brown.

Pennsylvania—Dr. D. Holmes, (with enclosure,) Dr. O. D. Palmer, Dr. J. Brooke.

Tennessee—Dr. Thos. M. Woodson, (with enclosure.)

Virginia—Dr. W. H. Triplett, J. L. Dorsett.

Also, Subscriptions from Dr. J. Phillips, Dr. H. St. C. Ash, Dr. S. H. Dixon, Dr. J. R. Earhart.

Errata.—The Index in our issue of last week gave us so much more labor than we anticipated, that a part of our proof reading was too hastily done. We especially regret this in view of the many typographical errors contained in the translation of Canstatt's Laryngeal Asthma of Children. We note the most important ones:

Page 491,	first	column,	line	10, for "by" read "with" choking
"	"	"	"	16, for "carnate" read "connate."
"	"	"	"	27, omit "matter."
"	second	"	"	10, for "the constitution" read "its presence."
"	"	"	"	28, for "Laudsburg" read "Landsberg," (so also wherever the name occurs.)
"	"	"	"	30, for "the preceding development" read "the process of development."
"	"	"	"	31, after "this view," insert "at least."
"	"	"	"	39, for "indicator" read "indication."
"	"	"	"	43, for "mere" read "more."
Page 492	"	"	"	5, for "forcible" read "sudden."
"	"	"	"	47, for "produced" read "produces."
Page 493,	first	"	"	8, and elsewhere, for "Tourtonal" read "Tourtoual."

Same page, for "Heake" read "Henke."

Page 493,	first	column,	lines	19, 20, for "Hüter the same" read "Hüter musk."
"	"	"	"	29, for "lauri" read "lauro."
"	second	"	"	10, and elsewhere, read "Fingerhuth."

MARRIAGES.

HEYS—CARLISLE.—In Brooklyn, Sept. 20th, by Rev. Dr Paddock, John Heys, Esq., M. R. C. S., of Liverpool, to Marion, second daughter of the late Rev. S. H. Carlisle, of Rumford, Essex, England

IDDINGS—RETZER.—In Lancaster county, Pa., on the evening of the 20th of September, by the Rev. L. C. Rutter, Dr. C. Edward Iddings, of Montgomery county, Md., to Harriet J., daughter of Mrs. D. A. Retzer, of the former place.

MCALLISTER—HAMILTON.—Sept. 22d, by Rev. W. R. De Witt D. D., Dr. H. N. McAllister, of Belle Fonte, Center Co., Pa., to Margaret, only daughter of the late Hugh Hamilton, deceased, of Harrisburg.

WHITE—CLEAVENGER.—Sept. 22d, by Rev. J. H. Cuthbert, Dr. W. H. White, of New Philadelphia' Ohio, to Maria Louisa, daughter of Wm. S. Cleavenger, of this city.

DEATHS.

BICKELL.—At Baltimore, Sept. 22d, Dr. Charles Bickell, in the 31st year of his age, late Assistant Chemist of the State of Maryland.

BARTON.—In Columbia, South Carolina, on the 20th of Sept. of disease of the heart, Dr. E. H. Barton, late of New Orleans.

The *Columbia Banner* says:—"Dr. Barton was a native of Virginia, and practiced medicine with distinction in New Orleans, where he long was a Professor in the Medical College there, and President of the State Medical Society. When the Mexican war broke out, he was appointed a Surgeon in the United States Army, and placed in the responsible position of the control of the Hospital at Vera Cruz. Here he pursued his investigations of yellow fever, and subsequently, after much study in New Orleans, elaborated and published his very valuable report on the subject, as Chairman of the Sanitary Commission. Dr. Barton was a gentleman of fine literary taste and scientific acquirement, and was highly respected by all who had the privilege of his acquaintance. Connected by marriage with the family of our venerable and respected fellow-citizen, Andrew Wallace, Esq., he had recently selected Columbia as his place of residence, and resumed the practice of medicine in our city. The sympathy of the community is with his family in their sad bereavement."

LEHMAN.—At Mt. Holly, N. J., on the 22d of Sept. of gout of the heart, Dr. Geo. F. Lehman, in the 54th year of his age.

The *Ledger* of this city says:—"Dr. Lehman was the son of Dr. George Lehman, who served during the whole of the Revolutionary war as a surgeon, and was two years in the English prisons. At the age of 21, Dr. Lehman was appointed Lazaretto physician, a post which he filled with eminent ability for 19 years, during which period he received many votes of thanks, and on two occasions pieces of plate from the Board of Health, for successful treatment of small-pox and typhoid fever. The board, at that time, numbered among its members some of our most distinguished medical men. * * * Dr. Lehman was a well-educated man, of extensive information and natural vigor of intellect. He had warm social qualities, and naturally a genial and kindly nature, which endeared him to his friends, and add to the poignancy of their regret at his loss."

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The second session of the Preparatory or Winter Course will commence on the first Monday in November next, and continue until the last of the following February.

Lectures will be given daily by the Professors of the College, with examinations, dissections, and clinical instruction, as in the regular Summer Course of Lectures.

This Preparatory Course will not count as a full course in the requisites for graduation, neither is it obligatory on a student in order to be admitted to examination at the end of of the regular Summer Course.

The fees for the Course amount to *fifty dollars*, which amount will be deducted from the fees of the ensuing Regular Course.

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Atlanta, Ga., Sept. 16, 1859. 153

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PROSPECTUS OF VOLUME THIRD.

In announcing the commencement of the Third Volume of the MEDICAL AND SURGICAL REPORTER, in its Weekly Form, the Proprietors embrace the opportunity of returning their thanks to the Profession for the very liberal support they have given it. And they desire in an especial manner to acknowledge their indebtedness to their brethren in this city for the encouragement they have received at their hands. The eminent success which has so speedily crowned the attempt to establish a Weekly Medical Journal in the emporium of medical teaching and literature in this country, has fully vindicated our judgment in inaugurating the enterprise. Weekly publications conducted on the plan we have adopted—which have been so long popular in Europe—may be now considered as firmly engrafted for the first time on the medical literature of our country. The advantages of a weekly medical literature are so evident that we shall be content with a mere reference to them.

As an evidence of the favor with which the REPORTER has been received by the profession of the country and of its adaptation to meet the wants of the general practitioner, we would mention that we find, on reference to our books, that already there is not a State in the Union that does not furnish us with actual subscribers. New York gives us subscribers in twenty counties; New Jersey gives us her almost undivided support; Pennsylvania gives us subscribers in thirty-nine counties, Virginia in eighteen, North Carolina in ten, Georgia in twenty-six, Alabama in ten, Kentucky in nine, Iowa in seven, Illinois in fourteen, Ohio in twelve, etc., etc. We mention these States as representing every section of the Union. In some towns, containing from three to half a dozen physicians, *all* of them are subscribers to the REPORTER.

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   A Weekly Domestic and Foreign Periscope.
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The Communications which have been in course of publication since the commencement of the second volume

ON ANATOMY IN ITS RELATIONS TO MEDICINE AND SURGERY,

will be continued, and will be found to increase in interest as they progress. They will be fully illustrated, and when those portions of the body are treated of that are the most liable to injury, they will be found to afford to the physician practical information that he will seek for in vain in the books. These articles, when completed, will make a most thorough work on Anatomy, and divest the subject of what have been regarded as its uninteresting features.

The Reports of *Hardy's Lectures on Diseases of the Skin*, which have been interfered with by the illness of Dr. Bolling, will be resumed soon. The Clinical Department, under the head of

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will be sustained with vigor, and shall not be surpassed by any similar reports in this country. The reports of the clinical lectures will be taken down by a competent reporter, and then be submitted to the revision of the lecturers; and thus this department will be a true exponent of the teaching and practice of the most distinguished teachers of medicine in our country.

We shall give correct reports of the most important *Debates before our Medical Associations*, which will be found to convey much practical information in a very interesting and pleasant style.

The *Editorial Department* will receive special attention. Under it we shall discuss matters of general interest to the profession, publish home and foreign correspondence, and give a full weekly summary of MEDICAL NEWS. We shall also give increased attention and space to the

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It will thus be seen that we propose to make the REPORTER a complete and PRACTICAL exponent of Medicine and Surgery in all their departments. To the full attainment of this object nothing that our means can command will be spared, and we confidently look to the profession for their countenance and support.

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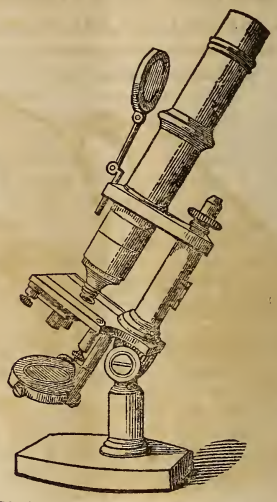

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The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

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The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

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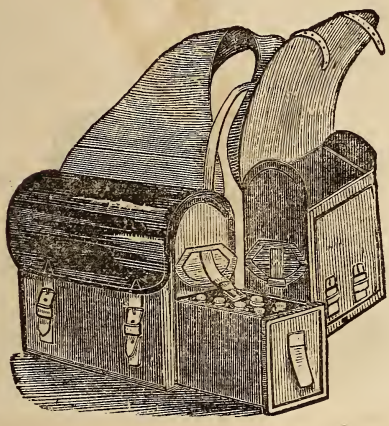

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Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
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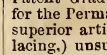

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Fees.—Matriculation fee, $5. Fee for Professors' Ticket, $105. Demontrator's ticket, $5. Graduation fee, $25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.
Meteorology as applied to Hygiene, by Dr. ST. JOHN.
Physiology of the Circulation, by Dr. DALTON.
Venereal Diseases, by Dr. F. I. BUMSTEAD.
Practical Surgery, Dr. E. ACOSTA.

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148 ROBERT WATTS, M. D., *Dean.*

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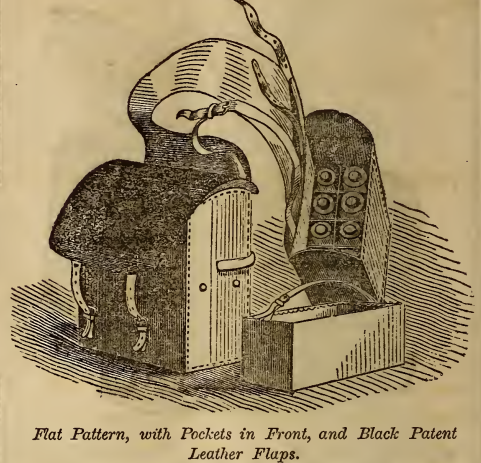
Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" " 4 Pots, " " $13 00

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 155. PHILADELPHIA, OCTOBER 8, 1859. NEW SERIES, VOL. III. NO. 2.

ORIGINAL DEPARTMENT.

Communications.

Vascular Nævi; with report of an interesting Case.

By J. L. Suesserott, M. D.,

Of Chambersburg, Pa.

Nævi are vascular tumors of uncertain origin; they are known by a variety of names, as mother marks, fruit spots, erectile tumors, telangiectasia, etc. It is not necessary that I should enter into detail of the numerous origins suggested by the unlearned and superstitious, but will endeavor to present the peculiar characteristics of those forms most generally met with.

Congenital vascular nævi are of rare occurrence in mucous membranes, especially if we except those cases which extend from the skin of the face to the mucous membrane of the lip. The case here reported, although not purely a congenital one, will be found to have pursued the opposite course, advancing from the mucous surface to the skin.

Telangiectasia in the skin is the well-known vascular nævus; it is almost always congenital, and consists of a net work of enlarged capillary vessels embedded in a delicate and partly undeveloped cellular tissue. I have said they are almost always congenital; they do, however, occasionally, commence in after life, and although they do sometimes take on a cancerous form, they are at first quite of a benignant nature, and it is only in individuals of a cancerous cachexia, that they become the seat of cancerous growth; and, under such circumstances, nævus has been taken for a special form of cancer, fungus hæmatodes cutis. As it is nothing more than an accidental complication, it cannot be considered an essential form of that disease.

As generally met with, cutaneous nævus presents the appearance of deep red, or bluish red stains of extremely various size and form. Sometimes the margins are elevated, and the tumors resemble cherries, plums, mulberries, etc. Those found upon the hairy scalp do not, generally, increase in size after birth, but on the other hand diminish, leaving nothing more than a thickened patch of "hypertrophied tissue." Where they do enlarge, the law which governs their increase, appears to be the reverse of that which is in force in the production of other structures, both normal and abnormal; instead of, as in those last named, a proportionate increase of vessels in the surrounding tissues, there is a decided decrease. And even the coats of the vessels, in large tumors, eventually give way, leaving shreds interspersed through the tumor, which is formed, not by enlargement of the blood-vessels, but of an increased blood space.

The name "erectile tumor," has of late years, come into general use, as expressing a principal fact concerning these diseases, namely, that many of them resemble very closely in their texture that of erectile or cavernous tissue. The division which is often made of erectile or vascular tumors into such as are named respectively, "arterial," "capillary," and "venous," is convenient, and to some extent well founded, for in all cases, except those wherein there is, as it were, a solution of the adjoining wall of the vessels, there appears to be either a predominance of arterial or venous capillary vessels, as the case may be. Where the arterial vessels which enter a tumor are greater in number or calibre than the veins going out of it, we have that form of pulsating

tumor known as arterial nævus, or aneurism by anastomosis. Where the veins predominate, we have a non-pulsating tumor, and the color of both forms is influenced by the character and size of the vessels constituting it. One important fact, especially in the treatment of nævi, is, that the vessels going to and coming from the tumor, are not enlarged to any extent, on either side of the disease, for they are not peculiar to individuals of a scrofulous cachexia, or those in whom the hemorrhagic diathesis exists; we can therefore with comparative safety "cut out such a tumor, if not of too large size, while it would not be safe to cut into one."

Various modes of treatment have been advised for extreme cases, simple incisions, or ligation, being sufficient for small ones, such as the seton, subcutaneous section, vaccination, and the injection of various astringents, which act by exciting inflammation, and the effusion of coagulable lymph, whereby the vascular net work that constitutes the nævus is obliterated. Others, such as caustics, the actual cautery, etc., excite a slough, and thereby destroy the morbid structure. In the case to which I am now about to refer, which occurred in the practice of my friend Dr. J. C. Richards, the disease advanced with such fearful rapidity as to render abortive all efforts to arrest it.

A. W. was born of asthmatic parents, each having a scrofulous diathesis, she was found to have inherited a tendency to asthma, which rapidly increased in intensity for a period of ten days or a fortnight, at the end of which time a purplish stain was noticed on the gums of the lower jaw, which advanced with great rapidity until the entire lower lip was involved and presented an ecchymosed appearance. A very few days elapsed until the entire carotid space, on the left side, was occupied by a large tumor, which caused the ear and cheek of that side to protrude greatly. On the opposite side a purplish tumor presented itself, which covered a considerable portion of the right cheek. A fact worthy of notice, although, perhaps not of any great pathological interest, is, that as soon as these bloody tumors appeared, all asthmatic symptoms disappeared. The blood contained in the tumors was evidently venous, as no pulsation could be distinguished at any time.

The child became exhausted from inability to swallow on account of the size of the tumors. Death finally resulted when it was eight months old, from ulceration of the nævus, followed by excessive hemorrhage. After death all appearances of the disease vanished, except a few ulcerated spots. The ambrotype from which the cut was taken, was procured shortly before death.

Medical Education.

No. 3.

Method, important as it is in the study of every science and every art, is—if it be possible—even more so in the study of medicine, where it is necessary to master so many collateral branches, in order to acquire the knowledge and the skill requisite for the recognition and diagnosis of diseases; for determining their nature, seats, and causes; and for the institution of the means best adapted for their prevention or their cure. To disregard all systematic progress in the study of the science and the art of healing, and to attempt to master these, as it were, *en masse*, as is too commonly done, even at the present day, is to waste much precious time in the acquisition of a confused and unconnected mass of facts,

principles, and precepts of very little, if any, real practical value.

We cannot, therefore, too strongly condemn the usual plan of sending a pupil direct from the office of his preceptor, where, perhaps, he has been but imperfectly instructed in even the elementary branches of medicine, to attend upon a full course of medical lectures, comprising some four or five a day, extending from the simplest of the institutes of medicine to the most difficult branches of special pathology and therapeutics, and arranged without the slightest attention, in the order of their delivery, to the relationship of one of the branches taught with either of the others.

To study medicine correctly and profitably, it must be studied methodically,—beginning with the most elementary of the collateral branches, and progressing methodically onward, until the entire course of medical instruction has been accomplished; not passing from any one branch until it has been mastered, to such an extent at least as shall enable the pupil to commence the branch next in order with such an amount of the requisite preliminary knowledge as will enable him to enter upon its study understandingly.

A very full, excellent, and systemic course of medical studies might, we think, be thus arranged:—1, Botany; 2, Materia Medica; 3, Chemistry; 4, Pharmacy; 5, Anatomy; 6, Physiology; 7, General Pathology; 8, General Therapeutics; 9, Special Pathology; 10, Special Therapeutics; 11, Medical Logic; 12, Medical Jurisprudence. The diseases of women and children being taught in connection with those of the male and of adults. After the sixth branch, Obstetrics may be properly introduced, and after the eighth, Surgery. We need not repeat here what was said in our first essay, in respect to the importance of the ninth and tenth branches being taught in connection with a properly arranged and sufficiently extended course of clinical instruction.

It is not necessay that each of the twelve branches we have included in our scheme of medical instruction should be studied separately, to the neglect of the other eleven. There would be no impropriety nor inconvenience in pursuing at the same time the study of the first, second, third, and fifth; the sixth, seventh, and eleventh, or the ninth, tenth, and twelfth. But it would be perfectly absurd to commence the study of pharmacy before the pupil knew aught of materia medica and chemistry; or of physiology, before he was acquainted with anatomy; or of pathology, whether general or special, without any previous knowledge of the normal condition, structure, and functions of the several tissues and organs of the body.

However extended our curriculum of medical studies may, at first sight, appear to be, it may be satisfactorily accomplished by a diligent pupil within a very reasonable period. To enable him, however, to do this, it is essential, either that the term of instruction in our medical schools be extended, or that the province of teaching medicine and the power of conferring the doctorate, and of thus licensing to practice as a physician, should be entirely separated from each other.

The latter, which is the most desirable improvement of the two, would enable the student to seek for knowledge in either of the branches comprised in the science and practice of medicine, wherever it can be best and most conveniently acquired. Thus a knowledge of botany could be obtained of a special instructor, during the summer or autumnal months; of materia medica, chemistry and pharmacy, at schools devoted solely to these branches, during seasons and hours unoccupied by any other branch to which the student can profitably devote his attention in connection with them; while all the remaining branches he would be at liberty to pursue in whichever of the schools or colleges they are best taught, and by the ablest instructors.

By allowing to the student such a freedom of choice, it is reasonable to expect that the facilities for the proper acquisition of all the branches which enter into a complete system of medical instruction would be multiplied; while by the competition it would necessarily excite among the teachers of each of these branches, the value and efficiency of their respective courses of instruction would be greatly increased.

In all the branches of medical education, oral instruction must always enter as a prominent and important feature. There is, perhaps, nothing better adapted to fix the attention of a class of pupils, and to impress upon the mind of each of its members clear views in respect to the existing state of knowledge upon any given subject, than skillfully prepared and well delivered lectures, especially when fully illustrated and recapitulated at regular periods by a series of examinations extended, in turn, to every member of the class.

In connection with the lectures on some, at least of the branches of medical science, an important improvement may, we are convinced, be introduced. It is to furnish the pupil, in all cases in which it is practicable, with the means of testing practically, or—in other words—of demonstrating for himself the facts' principles, and directions taught him by the lecturer.

In respect to anatomy, this has already been done in the dissecting classes, and to a certain extent in respect to special pathology, practical medicine, and surgery, in the clinical wards of our hospitals. The system may, however, be extended also to chemistry and pharmacy,—classes being organized for the purpose of repeating the various experiments and manipulations exhibited in the regular course of instruction, as well as to physiology and pathology,—in both of which latter branches, the student, by comparing diseased with normal structures, and subjecting them both to the test of the microscope and of the processes of organic chemistry, under the direction of an able and judicious guide, would be able to acquire an amount of useful knowledge and practical skill in professional investigation that could be obtained in no other way.

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Dr. Eves, Surgeon to the Cheltenham General Hospital, England, has recently performed amputation above the knee with successful result, in a case of elephantiasis.

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Every pound of Cochineal contains seventy thousand insects.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Sept. 24th.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Albuminuria.—Exhibited to the class on two previous occasions. (See Reporter, Sept. 24th.)

It will be recollected that it was difficult to produce an evacuation of the bowels. The compound jalap powder, elaterium, castor oil and turpentine, were in turn administered.

His symptoms have improved. He passes now five pounds of urine in 24 hours, his bowels are regular, his cough better, and the tension of the skin of the abdomen and legs somewhat less. The penis was still greatly distended. The albuminous deposit continues less than it was.

Treatment.—Still upon the bitartrate of potash, with juniper berry infusion; also tr. ferri muriatis, xv drops three times a day. He also has a hot vapor bath every other night to promote the function of the skin.

Hypertrophy af Liver and Spleen—Probable Tuberculous Diathesis.—The patient was a man 42 years of age, by occupation a weaver, born in Ireland, and has been in this country 6 years. In 1855 he injured his back, and since that time has suffered from fugitive pains, with occasional cough, dyspnœa and debility, at times being confined to his bed. The swelling of his abdomen began last December, decreased, and returned last July. He was treated for ascites at one time out of the house. He was admitted to the hospital on the 12th of August. There was then no effusion into the peritoneum.

Inspection.—General appearance emaciated; abdomen enlarged and distended, especially in the hypochondriac and epigastric regions. The iliac and hypogastric regions being nearly natural in size, the enlargement of the abdomen assumes a barrel-shaped appearance; veins of abdomen enlarged and prominent.

By *palpation* the hand was conscious of an unusual enlargement in the upper lateral regions of the abdomen, produced by the presence of two large tumors. In the middle the hand could be depressed between the two tumors, and some inches below the umbilicus the abdomen was relaxed and supple.

There is marked fluctuation, which is not so distinct when one hand is placed on its edge in the median line of the abdomen. By percussing over the pubic region in the horizontal and then in the vertical position, the change from the recumbent to the upright posture, a moderate effusion can now be detected in the peritoneum. This did not exist two

weeks ago. These tumors, Dr. M. remarked, are two in number, are divided by a sulcus towards the left of the median line, and are, I have no doubt, the liver and spleen. The larger one sweeps from the left side of the epigastric region nearly to the crista ilii of the right side, percussion over it is quite dull and resisting, and clearly marks out its boundaries. It is evidently a greatly enlarged liver. The other tumor juts out from beneath the left false ribs, and extends downward in an irregularly oblong form to some inches below the line of the umbilicus. It is formed by a greatly enlarged spleen. Both tumors have smooth, rounded edges. They have to the touch, a somewhat doughy feel, without any thing like fluctuation, without the hardness of carcinomatous disease, and entirely without knobbed or irregular projections or protuberances at any part.

Examination of Chest.—Percussion under the clavicles shows the left to be of fuller tone than the right. There is but little difference in the upper posterior regions. *Auscultation* shows distinctly a somewhat harsh murmur, with some prolongation of the expiration under the right clavicle. On both sides the sounds are a little louder than in health; his emaciation and the pressure on the lungs from below account in part for this. In the lower lobe of the right lung, behind, there is well marked crepitation, especially toward the close of inspiration, and some dullness on percussion, as compared with the other side. There is no cough.

The action of the heart is natural. The apex beat is in its normal position, but so feeble that it is with difficulty that I can localize it. I believe he has no cardiac disease. His tongue is clean, soft, moist, red, and healthy; no inference can be gathered from it. His gums are unhealthy, but that is no unfrequent thing with hospital patients, whose gums, from neglect of the tooth brush, are often found soft and flabby. He is not jaundiced; he has epistaxis, and is costive.

The patient was here removed and Dr. M. remarked: This is an interesting case, and we must endeavor to form a correct diagnosis. It is important to know the cause of the enlargement of these organs. Their hypertrophy is proved in various ways—by inspection, by palpation, by percussion, by the enlargement of the superficial veins, and the presence of some peritoneal effusion. His lungs are not in good condition, and though he has no cough, I believe that he is tuberculous. He has a fine crepitation over the lower two-thirds of the right back. That crepitation I am confident is not caused by pneumonia, pleurisy, or bronchitis. In my opinion he has a tuberculous deposit in the right lung, and this lends assistance in explaining the cause of the enlargement of the liver and spleen. We have here a lardaceous liver and spleen, or bacony, or albuminous, as it has been called. It is not cirrhosis or cancer, for the tumors are smooth. There are no nodosities; they are doughy to the touch, and feel almost as though they might pit under pressure. There are other reasons against the presumption of cirrhosis or scirrhus; in both of these diseases the liver is harder, the obstruction to the portal circulation is greater, and there is usually a larger amount of ascites early in the disease. This man is not jaundiced; on the contrary, he is pale. The enlargement here depends, in all probability, on an albuminous deposit into the inter-lobular areolar structure. The liquor sanguinis of the blood is effused, the serum is absorbed, and the fibrin remains behind and contracts. It is what Dr. Budd calls scrofulous enlargement. He has the clubbed nails, which are a sign of tuberculous disease. I thought at first that he might have leucocythæmia, but the number of white corpuscles in the blood is not increased. The blood has been carefully examined under the microscope on three occasions.

Treatment.—He has good diet. I have put him on the muriate of ammonia, 7½ grains three times a day. This is recommended by Dr. Graves of Dublin, who reports several cases of enlarged liver cured by muriate of ammonia, when there seemed but little hope of recovery.

He also takes tr. ferri. mur. xv drops three times a day.

Chorea —This occurs in a seaman 35 years of age, whose story is, that it began to manifest itself immediately after a great fright, five weeks ago. He was in a coasting vessel which lost its anchor during a gale. He says that, previous to this, he has always been healthy. I can find in him no deranged function—no symptom of any other disease save this extraordinary one—chorea. Of the exact nature of this disease, we know but little. It appears to be a functional derangement of the nervous centres, connected in some way with a faulty state of the blood, which, as I stated in a previous lecture, I have nearly always found thinned and hydræmic. By Romberg it is classed among the spinal spasms. Dr. Carpenter, with correctness, it seems to me, locates it in the upper portion of the cranio-spinal axis, arguing that the influence exerted upon the irregular muscular movements by emotional states, and yet more, the quiescence during sleep, show that not the true spinal centre, but rather the emotional and volitional centres must be the parts chiefly implicated.

It has been very generally supposed that there was some essential connection between chorea and rheumatism. This is the opinion of many of the best English writers, and amongst the French, is M. Sée, whose essay, published in the Memoirs of the Imperial Academy of Medicine, is a very full and

able one. In my own experience, I have not observed this connection, and MM. Rilliet and Barthez, in their last edition, are disinclined to admit any necessary or constant relation of the kind. This patient, you may observe, has a curious control over the convulsive movements. By an effort of will, they are very much calmed, but return when his attention is withdrawn. His appetite is good, and he is able to feed himself.

Treatment.—He is upon the use of arsenic, given as recommended by Wilson—liq. potas. arsenit. gtt. v, tr. zingiberis, vin. antimonii, aa. gtt. x. He has cold shower-baths daily. Dr. Todd recommends cold affusion, two or three times a day, in very high terms. He states, indeed, that he has not unfrequently cured the disease in this way alone, without the use of drugs.

September 28th.

Chronic Diarhœa.—Dr. M. first introduced to the notice of the class, the case of chronic Mexican diarrhœa, (see Reporter, of Sept. 17,) in which he had suspected the development of tuberculosis. The other patient, shown on a previous occasion with this person, has been discharged, cured. This patient has now four or five discharges a day, watery, flocculent, mucous, and unhealthy. These are each quite small in quantity—not over a wine-glass full. Dr. M. called attention to this as worth observing; for the prognosis often depended on the amount of the discharges. If they are numerous, and at the same time copious, they become exhausting; but if small, they are not of so much consequence. He had known infants, who nursed abundantly, to have ten or twelve a day for months. The tongue was smooth and shining, with linear ulcerations and layers of exudation-matter scattered over it; the lips and angles of the mouth were excoriated. This aphthous sore mouth was a common accompaniment of tedious ailments, and was, in this case, connected with chronic inflammation and ulceration of the colon. Dr. M. remarked: I have no doubt now that his diarrhœa is connected with tuberculosis—that there is a tuberculous deposit in his alimentary canal. Since you saw him last, there have been more marked changes in his chest. I told you that he had dullness of percussion, under his left clavicle. He now has harsh respiration, prolonged expiratory murmur, and moist rhonchus. He has hectic fever, and his husky voice shows a thickening of the covering of the vocal ligaments; he has erythematous laryngitis, with probably some ulceration.

I do not think his disease *began* as tuberculous. I suppose that at first he had simple climatic diarrhœa; and in consequence of the lowering of his health, and of imperfect assimilation of food, he was placed in a position to contract tubercular disease.

The milk diet of this patient was put aside on account of his unwillingness to continue it, and a meat diet substituted. He now takes a powder every six hours, composed of—

℞. Kino,
Bismuthi subnit. āā, gr. x.
Opii pulv. gr. ½. M.

Syphilitic Periostitis.—This patient, a well developed middle-aged seaman, had a chancre eighteen months ago. Two months since he was attacked with a painful periosteal inflammation on the front of the tibia, which still continues. He has also a chronic inflammation of the left testicle, which he has been treating himself. In addition to these symptoms, he is suffering with acute rheumatic inflammation, marked by redness and swelling of the left wrist, and with some pharyngeal soreness and redness, for which latter conditions he came into the hospital. When he entered, three days since, he had a smart fever, increasing at night, and was suffering a good deal.

Treatment.—He was ordered to bed, and to have a powder containing one grain of the antimon. sulphuret præcip., with five grains of the pulv. opii et ipecac., three times a day. The tibial inflammation was dressed with the following ointment:

℞. Ungt. hydrarg.,
Ext. belladonnæ, āā ℥i.
Axungiæ, ℥vi. M.

The wrist was directed to be wrapped in soft flannel, and this to be covered with oiled silk, Dr. M. remarking that for these acute rheumatic inflammations of the joint, nothing gave greater or speedier relief than the use of some impervious covering like the oiled silk or india-rubber cloth.

The preparation of antimony, selected in this case, Dr. M. considered one of the best. He preferred it to tartar emetic, as much safer in its administration, and related some cases occurring under his own observation, where very small doses of tartar emetic (1-12th gr. repeated twice in one case, and ⅛th gr. in another) had brought on the most alarming symptoms.

Periostitis—A Sequela of Typhoid Fever.—This patient, after convalescence from typhoid fever, was attacked with acute rheumatic pain in both shoulders, and had pericarditis, with some effusion in the pericardium. He went out apparently well, and returned after a few days with severe periostitis of the tibia. He denies having any syphilitic taint, and states that a few days ago he got his feet wet, during a rainy day. If we can believe this, we must attribute this affection to the effect of cold on a sub-

ject not yet entirely recovered from his previous illness. We have lately seen double crural phlebitis as a sequela of typhoid fever; here is another rather unusual sequence of that disease.

Treatment.—The same ointment as prescribed in the last case, and ½ gr. of golden sulphuret of antimony, with five grains of Dover's powder, three times a day.

Recent Specimens Tuberculous Disease of Lungs and Peritoneum.—These were obtained from a patient who had died a few days after being removed from the house. The disease was an obscure one, and its study had been to Dr. M. very interesting. The patient was removed from the hospital but two days before he expired, by his son, who, with an amount of common sense not often met with in the ignorant and poorer classes, acceded to the request for a post mortem examination. It was with great satisfaction that he was able to inspect and to exhibit these specimens.

The history of the patient was as follows: He was 66 years of age, born in Germany, and a ragpicker; was admitted on the 12th of August, and died on the 26th of September. His disease was of six weeks duration before he came here. He was ill, altogether, about three months. He was supposed to have been threatened with phthisis, as his son informed Dr. M., twenty years before, but recovering, had gone on with the occupation of ragpicking.

When admitted, he was feeble, emaciated, and the following physical signs presented themselves:

Percussion over the front of the chest was too sonorous; it was abnormally clear; behind, it was dull over the whole *right* scapular intersperse; *left* not quite so dull; lower, posterior region quite sonorous.

Auscultation revealed almost nothing, at least no alteration sufficient to build a diagnosis upon. Behind, over the *right* scapular interspace, a mucous rhonchus could generally be heard; this was the only material alteration. He coughed very little; indeed, he always denied having any cough, but was heard occasionally to cough slightly; he had no expectoration, no pain in the chest, no dyspnœa, and could take a deep inspiration without difficulty. His respiration was a little hurried during the last two weeks of his life. There were no abnormal sounds of his heart. Percussion showed that his liver was somewhat diminished in size. The abdomen was rather flattened, except in the centre, where there was a slight rounded fulness. This, however, was but slight, and was limited to the central portion.

The sensation imparted to the hand was peculiar, and led him to believe the patient had had peritonitis and agglutination of the convolutions of the intestines; it was a doughy, semi-hard, semi-elastic feeling. The abdomen was not dull; there was an obscure sonoriety all over it. When pressed, the patient always complained of obscure pain, and evinced discomfort by a grimace. There was no effusion or fluctuation. He had a little slow fever, which augmented toward the last, with scarcely any appetite. He had a shining, dryish tongue; stools generally pretty free, one or two a day, softish, with sometimes an absence of bile.

Huxham's tincture of bark and iron was pretty much all the medicine he had. Under this his appetite improved for a few days, and then fell away.

At the post-mortem examination a very extensive old tubercular deposit was found in both lungs. The upper two-thirds of the right lung were nearly solid, containing numerous whitish gray tubercles, intermingled with a large amount of black pigmentary deposit; the lower lobe also contained a good deal. The left lung contained, in its upper half portion, the same grayish deposit, with black pigment. It was hard, and creaked under the scalpel. The lower portion was perfectly healthy.

The peritonæum was found to have been chronically inflamed; the whole anterior layer was greatly thickened by a fibrinous deposit fully one-third of an inch in thickness. It was adherent to the omentum, and the small intestines were glued together in every direction. It was curious to observe how, with this condition of things, the peristalsis of the bowels went on so well as it had done in this case. Dr. M. had rarely seen cases of peritonitis in which the peristaltic movement was not more or less obstructed; and in some forms of local peritonitis, especially in those attending typhitis, the obstruction had been complete, so much so, indeed, as to cause obstinate, and even stercoraceous vomiting.

Pieces of the fibrinous exudation were exhibited to the class, dotted over with gray granulations of tubercle. This fibrinous exudation was the result of slow inflammation, set up in the peritoneum, in the opinion of Dr. M., by the deposit of tubercle upon that membrane.

The consolidation of the lungs here was not the complete solidification of congestion, or atelectasis pulmonum. Although hardened, the lung tissue contained a large amount of air; on squeezing it, a highly aerated fluid exuded, showing that a great many pervious air vesicles were interspersed throughout the consolidated lung: this fact explained the sonorousness upon percussion.

This case had excited a great deal of interest in his own mind and in others who had seen it, on account of the uncertainty of the diagnosis. He was at first inclined to think it was tuberculous peritonitis, but then the advanced age of the patient, and the

absence of well marked physical signs in the chest, seemed opposed to that conclusion. On the whole, he had supposed it might be a cancerous disease of the peritoneum or of the pancreas. His first impression turned out to be correct.

Dr. Da. Costa, who had seen the specimens, supposed that the peritoneal disease might be the result of slow inflammation with successive layers of exudation, caused originally by a deposit of tubercles of many years back; and this was, indeed, the most reasonable explanation of the phenomena.

The pulmonic tuberculous exudation had undergone the process of cure described by Rokitansky—a conversion into obsolete tubercle, with large deposits of black pigment matter. This black pigment was very frequently found surrounding old tuberculous deposits. It occurred, also, in old people, independent of other disease, but never to the extent witnessed in this patient.

This case was also interesting and important in another view. It should make us very careful in giving an unfavorable prognosis. The physician was not to pronounce a patient doomed to death unless well assured of his facts. This patient had lived for years, apparently well, with only a portion of one lung free from tuberculous deposit.

Dr. M. related, in this connection, several instances of remarkable tenacity of life, from his own observation, where the physician might have been tempted, from appearances, to despair of recovery. He also referred to two memorable instances in the great house of Guise, one of the founders of which, the Count d'Aumale, was left for dead, with many wounds, on the field of battle, but who recovered, and whose son, then Count d'Aumale, and afterwards the first Duc de Guise, formed the subject of the famous story of old Ambrose Parè. This young nobleman was pierced through the head by the spear of an English horseman. After being pronounced hopelessly wounded by the surgeons who first saw him, old Parè extracted the spear, and the Count survived to lay the foundations of the noblest and most renowned of the princely houses of France.

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JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

SEPTEMBER 28TH.

Clinic of Dr. Gross.

Tertiary Syphilis.—This patient, a female, had presented herself on a previous occasion with two ulcers upon the leg, having hardened and excavated edges, and covered by a persistent diphtheritic slough. They had existed two years, and were surrounded now by a dark red patch of inflamed skin. An application had been made to the ulcers, of the acid nitrate of mercury diluted with two parts of water. The ulcers had put on a better appearance; they were red and granulating. She had also been put under the use of iodide of potash, ten grains, with corrosive sublimate, one-tenth of a grain. She comes back now more comfortable in every respect.

Taking into consideration the excessive obstinacy of these sores, the peculiarity of their edges, the enlargement of the tibia, the scars upon her forehead, and exacerbations of pain at night, Dr. Gross had no hesitancy in coming to a conclusion as to the nature of the disease; and this was corroborated by the effect of the treatment; there had been a marked improvement. It was a specific ulcer,—tertiary syphilis; there could be no mistake about the diagnosis.

She would continue the use of the iodide of potash, this was a great remedy for dislodging the poison of the disease; ten grains was a good average dose. Experience had shown that it acted specifically, in what manner, nobody could tell. By combining with it the bichloride of mercury a much more decided and permanent impression is made than in any other way. He had not the slightest objection to touch the woman's gums and keep them sore for weeks; but he would have a decided objection to salivating her. Her impoverished system should be built up by a nutritious diet.

Dr. G. also prescribed an ointment.

℞ Hydrarg. super-nitratis, ʒj,
Cerat. simpl., ʒvij.,
Opii pulv., ʒss. M.

This was a stimulating and slightly cicatrizing application. It should be applied to the ulcer by patent lint, three times a day.

Equal parts of alcohol and tr. iodine should be painted on the surrounding structures.

Exstrophy of the Bladder; Congenital Malformation —This was a boy 3 years old, one of those melancholy cases which come into the world with an infirmity of an incurable character. A reddish tumor was visible just above the pubis; this was the posterior wall of the bladder, its anterior wall, together with the straight muscles, being wanting. Enumerating the parts from above downward, these were the umbilicus, the posterior wall of the bladder constituting exstrophy, a small penis with stunted prepuce, in the condition of epispadias, and an imperfectly formed scrotum, containing one testicle. Pushing up the tumor the orifices of the ureters could be brought into view, from which the urine incessantly dribbled, keeping the little sufferer constantly wet. This was a case of great interest and rarity. Dr. G. had seen but six or seven instances of it, one of which was figured in his work upon surgery.

He should direct the use of an apparatus which would afford protection to the irritated parts, and retain the urine in a metallic reservoir.

Dislocation of Humerus reduced.—This was of re cent occurrence, and presented all the signs of luxation into the axilla; limb elongated, elbow separated from the trunk, body inclined toward the affected side, remarkable prominence of acromion process, and flattening of deltoid muscle; these were the important leading symptoms of dislocation of the humerus. The sign, pointed out by Prof. Dugas, of Augusta, Ga., namely, inability to place the hand upon the shoulder of the sound side, would be valuable if it were not for the fact that the other signs are so decided as to make it altogether unimportant.

After enumerating the various methods of reducing this luxation, Dr. G. made an effort to reduce it by the knee in the axilla. Although aided by assistants, the muscular resistance made the effort ineffectual. Ether was then administered, the patient placed upon his back, and reduction was readily effected by the heel in the axilla; the head of the bone returning to the socket with an audible snap.

Talipes Valgus.—In this deformity there was no shortening of the tendo-Achilles, the difficulty was owing to tension and shortening of the peroneal muscles, both long and short.

These muscles were divided in this case by subcutaneous section, one-third of an inch below the fibula. A very delicate knife was introduced almost perpendicularly beside the tendon, carried beneath it on the flat side, then turned, and the division completed from within outward by a sort of sawing motion. The operation was known to be completed by an audible crackling when the tendon yielded, and by the operators being enabled to bring the foot to its natural position. The operation is almost bloodless—the apparatus for club foot was to be applied and worn.

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COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinic of Dr. Clark.

Disease of the Mitral Valves.—The patient was a girl about 18 years of age, of somewhat delicate frame, but otherwise of tolerably healthy appearance.

Physical Examination —The apex of the heart strikes at a point about four inches distant from the median line—perhaps a little more than that. You see in a person of her sized frame, that this is a pretty large measurement. The heart beats quite strongly, but is regular. Here is a point that I wish to call your attention to. As I listen here in the region where you expect to hear the sound of the mitral valves most distinctly, I can detect a very loud systolic murmur; then as I come up toward the aorta, I lose it in a great measure; then as I come downward I gradually catch it again, until below the third rib the tone becomes rougher and rougher. This murmur may be produced either by the mitral or the aortic valves. If seated in the aortic valves, the sound can be followed upward for some distance into the large vessels. In regurgitation by the mitral valves the sound is transmitted downward.

This case is, then, one of hypertrophy of the heart, with regurgitation through the mitral valves. The question now arises, how did this disease originate? It is not due to rheumatism, and it has evidently existed for some time, although the disease was not named until three years ago. It may be congenital. I have known children, the first time the chest was ever listened to, to present signs exactly of this character; they have grown up with them. It does not seem that the difficulty in this case originated from any acute disease; it is the result of some slow and gradual change in the valves, probably not atheromatous. This girl is too young for atheroma, which occurs later in life. This slow and gradual change has caused some thickening of the valve, probably followed by ossific deposit, although that we know nothing about. We *do* know, however, that the valve is drawn down, and does not close well upon the blood, but allows it to regurgitate.

Now, in regard to *prognosis*; I wish to impress upon your minds, that these diseases, beginning in early life, are far less disastrous than when beginning at a later period. Persons who are growing, when troubles of this sort commence, seem to have the power of accommodating themselves to them in a degree that is quite surprising; you need not, therefore, make an unfavorable prognosis in a case of this kind. I have known a trouble of this sort to be carried about for twenty or thirty years. I could name a very considerable number of persons who have had such murmurs as these in their youth, now active business men, going on with their work like ordinary persons. So it may be with her.

Now, then, with reference to *management*, for there is no treatment. Her general health appears to be tolerably good, so there is nothing to treat her for; but a good deal that is important may be *said* to her, all of which has reference to physical exercise and controlling of the mental emotions. She must make it her business to go through life in the quietest, easiest way in the world. Never to get angry with any one. She must do everything slowly and quietly; she must not carry a pail of water,

a scuttle of coal; she must not go up stairs rapidly, *so as never to make the heart beat faster than is absolutely necessary for the performance of its function.* Still she wants exercise, which must be taken in a quiet way. She may walk slowly at the rate of two or three miles a day, but no more. Then she must not walk up hill, but just let the heart go on easily and quietly with all its duties, and it will give her very little difficulty.

Now, with regard to eating. She never should eat much at one time. It is better to eat four or five times a day, and to eat little, than to fill the stomach full. Repletion is decidedly objectionable. The food must be wholesome. In addition to this she must have fresh air—good nourishment and fresh air. This is about all you can say to her. Control the emotions, so that they will not make the heart beat unnaturally quick; control the physical exercise, so that it will not produce an unnecessary exertion of the heart. Take exercise, eat good wholesome food, and go through life as easy as you can, daughter. This is all I can say to you.

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Clinic of Diseases of Women and Children.

By GEORGE T. ELLIOT, M. D.

Removal of Polypus from the Uterus by the Ecraseur.—Before the patient came in, Dr. Elliot made substantially the following remarks:

I have a collection of instruments here designed for the removal of polypi, according to their position and character, in different ways. It will depend upon whether the tumor is pediculated or whether it is interstitial. A pediculated polypus may be attached to any part of the uterus. You can remove it by tearing it away, by putting a ligature around it, or you may twist or cut it away. I have even seen them removed by the application of strong caustic. Sometimes you may draw the polypus down and pull, pull until you bring it away. It is remarkable to what an extent the uterus can be pulled down in this way; but it is bad practice to pull the uterus down to such a tremendous extent as can be done. I have seen, in a case where the cervix was amputated, the uterus pulled down until the neck was almost entirely external. Under these circumstances patients have, however, been known to die from peritonitis. The mobility of the uterus gives us a means by which we can get at the polypus in question. There is a great variety of hooks and instruments which have been invented for this purpose, but they all ought to be made with an obstetric lock, so that you can introduce the blades singly, separate the hook, then lock it and draw down the uterus. If the polypus be a small one, you can very readily lay hold of it by some such instrument as this, (the common polypus forceps.) In a large number of cases you may seize it with this instrument and remove it by torsion or twisting, or you may cut it away with the instrument I show you now, the polyptome of Simpson. You see that it is probe-pointed, so that if it slips it will not injure the vaginal wall. Again, you may cut it away with a pair of scissors.

There is sometimes a little hemorrhage in this operation, but as a general rule not much. These polypi may be composed of almost any element that enters into the formation of the uterus: you may have them fibro-cellular or mucous, or dilated, containing fluid, or very vascular, from an hypertrophied condition of the mucous membrane.

Here is an instrument to carry a wire, which is designed to be passed around the polypus and drawn tightly upon its neck; then the instrument is left in situ, until the wire gradually cuts its way through. It is the original instrument of Dr. Gooch. This method I think will gradually be abandoned, because, it is very slow, decidedly disagreeable, and because we have instruments that retain all the advantages of this old form, without any of its inconveniences. Here is the instrument which I will use to-day; it is the *écraseur of Chassaignac.* With this instrument, if you can succeed in getting it around the stem of the polypus, all you have to do is to steadily and slowly work the handle until the polypus comes away. The advantage of this instrument is, that there is very little hemorrhage, indeed, after the operation.

The patient was then brought in. She is thirty-two years of age, has had two children, the last six years ago, and presented the general symptoms of uterine polypus.

The polypus which we have in this patient is, so far as I am able to ascertain, attached to the cervix. It is small, and you perceive she has not yet suffered from the hemorrhages to which it would most certainly give rise were it allowed to remain. It is one of those fortunate cases in which you can save the patient from a great amount of suffering.

The speculum of Sims was then introduced, the patient placed on her hands and knees, and the chain of the écraseur being readily brought around the neck of the polypus, the latter was removed.

In this case the écraseur, which I have used for the first time, *has proved itself to be very efficient.* I had no difficulty in passing it into the uterus, placing the chain around the neck of the tumor, and I entertain no doubt that some such process as this will entirely supercede the ligature. If you have a very large polypus, you can leave the écraseur around the tumor for hours, and give the handle a turn once every ten minutes until the tumor is removed.

Medical Societies.

IMPORTANT DISCUSSIONS ON

YELLOW FEVER AND QUARANTINE.

Before Medical Societies in Philadelphia and New York.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by W. B. Atkinson, M. D.]

Regular Meeting, Sept. 14, 1859.

Dr. Jewell read the following paper:

"*Has yellow fever ever originated in the latitude of Philadelphia?*" is the deeply interesting and highly important question suggested by the Committee on Lectures, and the subject for our investigation on this, the opening occasion of our winter's campaign of conversational meetings.

The question under consideration conveys, in its meaning, two propositions, viz: the domestic, and the foreign or exotic, origin of yellow fever—one of the most fearful and fatal of all epidemic diseases.

Dr. La Roche, in his elaborate and distinguished work on yellow fever, has presented to the wide world the name of Dr. W. Jewell, (your humble speaker,) as an importationist; while on the other hand, Dr. J. C. Simonds, of New Orleans,—in the report of the Sanitary Commission of that city, alluding to the same documentary evidence as referred to by the former gentleman—says that I am an advocate for the domestic origin of yellow fever. I introduce these two antagonistic opinions in order to avoid the implication of inconsistency, in the event of my embracing either the one or the other horn of the dilemma in which I find myself placed by these eminent writers.

If facts make up the history of any subject under investigation, it becomes me in the present instance to take simple facts, unbiassed by favorite theories or plausible pleadings, and place them impartially before you, in order to receive any light upon the origin and development of yellow fever.

To narrow down my introductory remarks to a single point, and desirous, also, to relieve you from any anxiety or doubt as to the opinion I entertain of the question before you, I will premise the few words I shall say, by giving you to understand, that I have no hesitation in believing that yellow fever not only may, but has originated in the latitude of Philadelphia, entirely independent of all modifying influences, and all labored efforts to connect its origin and existence with a foreign poison. At the same time, and with the same candor, I desire to be distinctly understood as acquiescing in a prevalent sentiment, that yellow fever may be, and has been introduced into the latitude of Philadelphia through foul vessels.

In proof of the assertion of its domestic origin, I will only carry you back to 1856, and remind you of the cases of yellow fever, five in number, that occurred in our own city. Being local or sporadic in their character, and not having been followed by a desolating train of consequences, no one that I know of ever attempted to entangle them with any foreign alliance. The same may be told of the cases of 1854. Nor should I omit to include, on the authority of Dr. La Roche, those of 1801 and 1826, wherein the most persevering contagionists could not find the smallest chance of deriving the disease from abroad. It is unnecessary to multiply authorities and cases. I have confined my proof to our own city, and even here, I might, with propriety, enumerate other analogous occurrences of the disease; but I forbear. I will only, however, allude to the fact, that Dr. La Roche, in his work on fever, and Barton, in his sanitary commission of New Orleans, offer such abundant evidence of the local or domestic origin of yellow fever, not only in tropical, but in temperate locations, as to stamp the opinion with the seal of truth.

Again, and here I quote the language of Dr. La Roche, "If sporadic attacks of the yellow fever are admitted to be the result of domestic causes, and to arise independently of importation and contagion, it is difficult to understand on what grounds the disease is denied to be due to the same causes, and why we should attribute it to a foreign source, in those instances where, instead of appearing to a limited extent, it spreads over a broader surface, and, assuming the garb of an epidemic, attacks a large number of individuals. It cannot be hazarding too much to say, that in both instances the cause must be the same." Now, I infer, that in the former instance there is no prevalent epidemic constitution of the atmosphere to favor the virulence and spread of the disease, while in the latter, the peculiarity of the hygrometrical, electrical and thermometrical states of the atmosphere favor to a far greater extent the evolution of the febrile poison, and gives to it greater energy and diffusion.

The remaining proposition in the question looks to the importation of yellow fever from abroad. It would seem hardly fair to discuss the one, without an allusion to the other. Indeed, it is almost impossible to separate them, in my own mind; for while I admit a domestic origin for the disease, I am unwilling to lose sight of the fact that yellow fever has been conveyed by foul vessels into places and ports from tropical climates, where the disease occurs endemically. This fact is acknowledged by the most strenuous advocates for the indigenous origin of the disease, and that, too, in the latitude of Philadelphia. Even the distinguished Dr. La Roche receives this opinion to a limited extent, for he says, (I quote from vol. 2, p. 582,) "It must be borne in mind, in addition, that in every instance in which the disease has been traced to a ship, its cause was local in the latter, and, as already stated, did not

spread its morbid influence beyond a short distance, and that the influence ceased to be felt after its removal, or the dissipation of the effluvia it had left behind;" and in the 1st vol. of his inimitable work, at p. 593, he further says, "the yellow fever has often been known to arise from the foul exhalations of ships." Now, as regards the infection of a ship, arising invariably from foul bilge water or the decomposition of vegetable and animal materials under the limbers or in the seams of the vessel, the inference is not altogether clear to my mind. During the present season a ketch from Havanna was detained at our Lazaretto, having lost several of her crew with yellow fever; but her condition was by no means foul, and yet, during the time of discharging her cargo, both the physician at the station and the inspector of vessels contracted the fever, the latter of whom died. Indeed, it would not be difficult, did time allow, to bring forward numerous instances of infected vessels arriving at our ports from the tropics, where they had cases of yellow fever originating on board from port to port.

But allow me to dwell for a moment upon those cases where the fever has originated from a local cause on board of a ship. This infected vessel arrives in a healthy port, then, according to the evidence of Dr. La Roche, and with which I entirely agree, its morbid influence may spread, not beyond a short distance, he says, and the effluvia may not be entirely dissipated after its removal. This concession on the part of that distinguished author affords me a foothold on which to build my opinion that yellow fever may be, and has been imported into the latitude of Philadelphia. And I go further, and believe that this yellow fever germ or miasm, or whatever else you please to designate it, originating either from putrescent materials on board the vessel, or confined in fomites, or remaining in the confined atmosphere of the hold during the voyage—if introduced into a contaminated atmosphere, and thus finding materials to feed upon, and capable of exhaling a morbid effluvia—it serves as the nucleus or ferment, and in an atmosphere with an epidemic constitution, the result will be the prevalence of a disease, the extent and malignity of which will depend upon the condition of the poison eliminated.

Heat and moisture are generally acknowledged to be the two active agents in the production of the poison; and wherever, either within the tropics, or in temperate climes, or on board ships at sea, we have this combination existing in the midst of surrounding infusoria favorable to fever of a malignant type, there we may have yellow fever. What the exact condition of this state of chemical action must be, in order for the development of the disease, no one has attempted successfully to define.

I therefore entertain the opinion that there exists, at certain periods and under certain meteorological and terrene conditions, an epidemic constitution of the atmosphere, which is susceptible of the production of a poison peculiar to the development of yellow fever in the human system. This poison, I hold, is capable of reproduction, or will prevail in locations badly ventilated and fruitful in filth, where there exists a crowded and vagrant population, to a far greater extent than in more sparsely settled, better ventilated and more cleanly neighborhoods.

Therefore it is a matter of indifference to me where this poison is produced, whether on ship board, in a foreign port, or on shore in our own city, provided the meteorological and terrene phenomena be such as I have described, we shall be liable to have the fever break out and spread to a greater or less extent, according to the influences at work and the local peculiarities of the surrounding neighborhood.

Who will deny that the few cases of yellow fever which were found in our own city last year, (1858) were the offspring of a poisoned atmosphere in and about the two West India vessels that had escaped quarantine, and lay moored in the vicinity of Lombard street wharf? These vessels had arrived here in the month of July, from ports where yellow fever was prevailing at the time of their departure, and they had lost several of their crew from the disease on the voyage home. A custom house officer who had one of the vessels in charge, and who resided at Roxborough, went home sick, and died of yellow fever on the 5th day after his attack. A night inspector of the same vessel also took the fever from the infected atmosphere on board, and died on the 6th day. Besides these two cases of direct communication with the vessels, nearly all the others could be traced directly to a residence or to a visit in the immediate vicinity of where they lay.

But let me refer you to another instance of similar character of less recent date, and which, from the peculiar circumstances accompanying the results, has been made the subject of much discussion among the advocates for the domestic and foreign theories, wherever its history has become known. You will anticipate me, that I have in view the case of the *Mandarin*, and the yellow fever in this city in 1853. Of this epidemic the most of you were eye-witnesses: I need not, therefore, occupy your time with the details. My principal motive in calling attention to it here, is to repeat, what I have elsewhere asserted, that this vessel, in my opinion, was instrumental in originating or introducing the infection into our city, by means of a morbid effluvia generated under her limber planks, from a putrescent state of her bilge-water; and notwithstanding all the arguments—and they carry with them great

weight—that the able Dr. La Roche has brought forward to refute the position I then held as to the origin of the fever, I am in no wise shaken in the sentiment. If the barque Mandarin had no hand in infecting the atmosphere in the vicinity of South street wharf, in 1853, then am I persuaded that all writers advocating the local origin of yellow fever on board of foul ships have erred; that even Dr. La Roche, with all his deep researches into the nature and origin of yellow fever—and no man living has waded more thoroughly through the history of the disease, or posesses greater facilities for obtaining information and knowledge in his own extensive and unrivalled library of works on yellow fever, containing, with but few exceptions, everything that has ever been written on the snbject, "from the tiny pamphlet to the fat and stately quarto, or even folio"—even Dr. La Roche himself has erred; and that Dr. Harris, in his account of the spread of the yellow fever at Fort Hamilton, on the Long Island shore, Brooklyn, Governor's Island, Staten Island and New Jersey shore, ascribing the same to the spread of an infected atmosphere in and surrounding the yellow fever fleet at quarantine, during the summer of 1856, has also erred.

I am aware that Dr. La Roche has cited an isolated case of yellow or malignant fever which is said to have occurred in the city ten days or more previous to the arrival of the Mandarin—though at the distance of two-thirds of a mile from South street ferry—although it was not certified to as yellow fever at the time, and that he lays much stress upon the fact that none of the stevedore's gang or other persons engaged in unloading the Mandarin, nor that any of her sailors, took the disease. All this may be admitted, and still the argument I have advanced is not weakened. The isolated case referred to rather strengthens my opinion, as it goes to prove the existence of a suitable condition of the atmosphere to elaborate the poison under propitious circumstances. And as to his argument of the escape of the stevedores, laborers and crew of the Mandarin, it proves nothing more than that they, like hundreds who were similarly exposed to the infectious atmosphere in the vicinity of South street wharf, were also inocuous to the poison. As well might we use the argument, that because all the boarders and the family at the Champion House, at South street wharf, were not stricken down with the disease, hence it could not have been yellow fever.

I have not time allowed me, nor would it be pertinent to the occasion, to engage in an examination of all the points taken up and argued by Dr. La Roche, in his endeavors to disprove the agency of the Mandarin in introducing the fever of 1853 into our city. Suffice it to say that the facts bearing on her instrumentality in the case in question are so clear to my own mind, as to defy the ingenuity and philosophy of the most erudite to obscure them.

I have thus, Mr. President, taken a very brief and hasty view of the question offered for the evening's discussion. The subject is one of interest. As physicians of a great commercial city, it becomes us to familiarize ourselves with its history, its nature and origin, its sporadic and epidemic visitations, its pathology and treatment. There is enough, however, in that department of the subject before us by appointment this evening to engage our undivided attention, and I trust the members present are not only prepared, but will come up spiritedly and cheerfully with the numerous arguments which may be advanced for and in behalf of either side of the debate. I have opened the way, I expect others to follow.

Dr. CONDIE remarked, that from the manner in which the question proposed for discussion this evening was worded, he had been undecided whether the inquiry was as to the origination of yellow fever in places situated upon the same parallel of latitude as Philadelphia, or simply, has it ever originated in this city. The two questions are very distinct from each other, and open up somewhat different fields of investigation. Finding that the gentleman who has just sat down confined his remarks to the origin or non-origin of the disease in Philadelphia, Dr. C. would in those he was about to offer, follow his example.

That yellow fever has repeatedly occurred in this city, and in some of its occurrences here, has prevailed somewhat extensively, will be admitted, he presumed, by every one. Now, we know of only five ways in which its occurrence can have taken place.

1st. From endemic causes. That is, from strictly local morbific conditions,—aerial or meteorological, telluric, and accidental.

2d. From epidemic causes. That is, from some general morbific condition of the atmosphere, which, as simply a generator of disease, would seem to act in some degree altogether irrespective of local appreciable conditions, whether of the atmosphere or of the soil, or connected with the civic and domestic relations and industrial pursuits of the inhabitants.

3d. From contagion, brought from abroad in the persons of those laboring under the disease, or in their clothing or baggage; or in certain portions of the cargo of a vessel recently arrived from an infected port.

4th. From a zymotic germ,—a morbific ferment, imported in the atmosphere of a vessel, in the clothing of its crew or passengers, or in its cargo, from a place at which yellow fever prevailed at the period of her departure.

5th. From an especial morbific condition of the

atmosphere of a vessel, and of her cargo, arriving at a port, after a long voyage, at a particular season of the year, and under, perhaps, special meteorological conditions; whether the vessel had come from a yellow fever port, or had cases of the disease on board, or not.

We can conceive of no other manner save one or other of the foregoing, by which the yellow fever can be produced in this or in any other city.

It is to be remarked that when the disease has occurred in Philadelphia, it has always been at a particular season of the year, and one marked by certain peculiarities of atmospheric temperature and moisture, and always in certain circumscribed localities. It has never spread generally, over a large portion of the city, or throughout its entire limits.

To examine carefully into all the facts connected with the occurrence of yellow fever, at each of its visitations to this city, with the view to a settlement of the vexed question as to its domestic or foreign origin, would occupy too much time. Neither could it be done without the preparation beforehand of a docket of the leading facts in each case, with their particular relations and bearing. In our attempt, to-night, to solve the question proposed for discussion, we must adopt some more comprehensive, and under the circumstances, feasible plan. The best probably is that by exclusion. Let us endeavor to discover by which of the already referred to modes of development, the occurrence of yellow fever in Philadelphia cannot, with a due regard to facts, be accounted for, and we may, perchance, be led to the discovery of the true source of the disease, when it makes its appearance in our midst.

In the first place, the occurrence of yellow fever in this city cannot be referred to an imported contagion,—whether conveyed to us in the persons of the sick or in fomites of any conceivable kind. There appears to us to be no question connected with the etiology of any disease more fully settled than is the non-contagious character of yellow fever.

The simple fact that the disease is confined to particular seasons; that it prevails only under particular meteorological conditions, and within certain well circumscribed localities, characterized by bad hygienic conditions, is strong prima faciæ evidence of its non-contagious character. Of which of the confessedly contagious diseases can the fact just referred to be, in truth, predicated?

The arrest of the disease by removing all the inhabitants from the infected districts, and admitting no person subsequently to enter them, until after the occurrence of frost, is another fact which disproves its contagious character; and still another is the free admission of yellow fever patients into the sick-wards of our public hospitals, and their treatment there in the immediate vicinity of patients affected with other diseases, without, in a single instance, the spread of the fever to the latter, or to the nurses and medical attendants.

The fact that yellow fever most generally has made its appearance in Philadelphia, upon one or other of the Delaware wharves, in the immediate vicinity of the foreign shipping, is adduced as a strong evidence that the disease is the result of an imported contagion. But we are to recollect that in a season of sufficient heat, the wharves present all the circumstances favorable for the generation of a malarious atmosphere adapted to produce the most malignant forms of yellow fever. Our wharves are badly constructed, out of perishable timber, and filled up with a porous mass of decomposable and partly decomposed material, which is kept constantly soaked by the water of the river. The surface of the wharves and the heads of the numerous docks receive the filth and various refuse matters from ships loading and unloading, from a number of coasting and market boats, and from the neighboring stores and dwellings. Into the river, at the wharves, open the mouths of all the sewers which drain the most populous portions of the city. Much of the filth thus brought into the river, accumulates in the docks, and at low tide lies exposed to the sun, a fruitful source of the most pernicious malaria. The wharves, too, are invariably, in some places, many feet below the level of the part of the city in their immediate vicinity; they are bordered by large warehouses for various kinds of merchandise and produce, or by high dwellings, which, with the narrow courts and lanes that occur along much of the Delaware river front of our city, are inhabited each by a number of families, by whom little attention is paid to the requirements of personal or domestic hygiene. The malaria constantly generating from all the foregoing sources, along our wharves, and the humidity arising from the neighborhood of the river, have little chance of being dissipated, where everything in the neighborhood thus conspires to prevent a free ventilation. Hence, in seasons of intense heat, our wharves must necessarily become the hot-beds of disease.

Yellow fever cannot be said to have ever occurred in this city as an epidemic, in the strict sense of the term. Its appearance has always been surrounded by too many specialities of season, meteorological phenomena and local conditions, to be considered in the light of an epidemic. No epidemic, that we know of, breaks out in certain narrow circumscribed localities, beyond the limits of which it rarely spreads. Such a disease is an endemic of a particular place, originating in strictly local causes, and has not any affinity with an epidemic, dependant upon some widely spreading distemperature of the

atmosphere. Small-pox, cholera, and influenza, if they do not occur simultaneously over large cities or tracts of country, progress invariably from one point to anotner; from east to west, from north to south, or vice versa; along a wide or narrow strip of the earth's surface, in a comparatively short space of time. It is very certain that certain morbific conditions, existing at particular points, often invite, as it were, epidemic maladies to prevail there to a greater extent, for a longer period, and with more intenseness, than in healthy localities; nevertheless, such local morbific conditions are by no means necessary, as they are in the case of yellow fever, for the occurrence and prevalence of an epidemic disease.

The hypothesis, first advanced by Dr. Hosack, of New York, but essentially altered of late years in some of its details, which assumes that yellow fever, or rather a yellow fever producing atmosphere, may be generated in any eminently malarious locality, during the heat of summer, by the introduction of a zymotic germ through the air, or cargo of a vessel arriving from a yellow fever port, requires only a passing notice. We admit that this hypothesis presents an etiological position which may or may not be true—that there is nothing impossible about it. Its adoption gets us rid of many difficulties with which both the theory of the domestic origin of yellow fever, and that of its importation through a contagious matter in the clothing or persons of the passengers and crews of vessels arriving from infected localities are encompassed. It unites upon the question of importation the advocates of the contagious character of yellow fever with the non-contagionists—the advocates of the strictest system of quarantine with those who would mainly depend for the prevention of yellow fever upon the enforcement of a thorough and enlightened system of public and domestic hygiene. Unfortunately, however, this very convenient theory of atmospherical zymosis by the introduction of a foreign morbific germ is merely a plausible hypothesis, unsupported by a single well established fact or analogy. It is, after all, only the revival, under a modified form, of the repudiated doctrine of contagion as applied to yellow fever. As a most convincing evidence of the truth of this theory, its advocates assert that yellow fever always makes its appearance, when it occurs in our midst, subsequently to the arrival of infected vessels, persons, baggage, clothing, merchandise, etc.; with the latter, therefore, and the occurrence of the disease, it is inferred that there is an intimate connection—by them, it is argued, a poison is introduced which, under certain favorable circumstances, has the power so to change the condition of the atmosphere of the place as to render it a yellow fever producing atmosphere. But neither the fact thus asserted, nor the conclusions that have been drawn from it are founded in truth. It is not true that the appearance of yellow fever in this city has been, in every instance preceded by the arrival of infected vessels, persons, clothing, baggage, etc. Such was not the case, certainly, in 1805 and 1819. Even when the outbreak of the disease has followed promptly the arrival of a vessel from an infected locality, it has not always been proved that any infection existed on board of her, or, when such infection did exist, could any connection be traced between the vessel and the cases of fever which occurred among our own citizens. In some instances, it would seem more than probable that the very vessel which had been accused of bringing the disease to our shores, has actually had it produced on board of her while she lay at one of our own wharves, from the same local causes which produced it in such as dwelt in or visited the infected district in which she had her berth.

Yellow fever has frequently made its appearance in mid-ocean, among the company of a ship that had sailed from a perfectly healthy port. In such cases from whence was derived the zymotic germ, or the contagion? Equally difficult will it be found to explain, by the zymotic theory or by that of contagion, why it is that the yellow fever has attacked on board of a foul vessel undergoing repairs, those only who worked in the lowest part of her hold, while, all the workmen without a single exception, who were engaged in other parts of the vessel escaped. Both theories are incompatible with the well-known fact that the infected air productive of yellow fever is often strictly confined within the limits of certain well-defined localities, and that by removing all persons from such infected locality, and preventing any one from entering it until after the setting in of frost, yellow fever may be arrested by preventing most effectually the possibility of the occurrence of new cases.

We believe that the foul air of a ship's hold will, under certain circumstances, after her arrival in port and the opening of her hatches, produce the yellow fever in her crew and such persons as come on board of her, as well as in those who are in any way exposed to the pestilential air emanating from her; nay, further, we believe that there is overwhelming evidence to prove that when a large number of foul vessels are crowded together in a damp, hot atmosphere, the pestilential air generated on board of them may be wafted by the wind to perfectly healthy localities in their immediate vicinity, and in so undiluted a state as to produce there, disease. Now, it is to be borne in mind, that "the importation" of yellow fever in this manner, may be, by vessels coming from ports where no yellow fever—no disease, indeed, of any kind prevailed at the

period of her departure, nor immediately preceding or subsequent thereto, and without having on board, previously to her arrival, a single case of yellow fever or of any other disease. It must be recollected that the vessels referred to, with their foul atmosphere constitute to all intents and purposes infected districts; by those who reside or come within which only can disease be contracted, and with such the disease stops—it never becomes endemic to any other locality than the ship's hold. It cannot be shown, that in a single instance they left behind them an infected atmosphere capable of producing yellow fever.

We have only one set of causes by which we can account for the occurrence of yellow fever in our own city, and that set are strictly endemic, they occur in our very midst, and to a very great extent are under our control—for although in the production of yellow fever there no doubt enters some other element than atmospherical heat and moisture, and an accumulation of putrescent or decomposible materials, and notwithstanding our entire ignorance of the nature of that other essential morbific element, still, it is very certain that it is of itself inefficient for the production of disease, and that by removing or guarding against the other morbific agents which give to it efficiency, the occurrence of yellow fever may be prevented, or if the disease do occur it may be circumscribed in ex tent, and disarmed of its malignancy. From the foregoing considerations we are convinced that the proper answer to the question under discussion is in the affirmative—yellow fever has originated in Philadelphia.

Dr. Darrach asked the use of the present form of quarantine, if yellow fever be of home origin?

In 1853, and subsequently, several unqualified cases of this too fatal disease were under his observation. He witnessed also several autopsies, some of which were made by himself, and that with much accuracy and the deepest interest. In regard to the clinic of said cases, its category of symptoms was peculiar—entirely different from that of malignant remittent. It consisted of inaction of mental faculties without delirium, emotionless, torpid functions, especially that of the liver, and extreme depression of strength. As in cholera, so here the breath and yellow skin were inodorous and of low temperature.

In the autopsy, neither odor nor halitus were detected from the exposed serous surfaces of the chest and abdomen. The mucous surface of the prima via and the internal surface of the arteries were extensively reddened from an indelible blood-stain, which doubtless was owing to a moribund capillary exosmose. There was no extra-venous nor extra-capillary congestion.

The organ most remarkable was the *liver*. It was firm, resilient and of diminished size: and its color was that peculiar tint of yellow which in autumn is on the sycamore leaf when it passes from its brighter yellow into brown. Yet more remarkable and peculiar were its internal conditions. According to the microscopical observation of the resident physicians of the Pennsylvania Hospital, of 1853 and '54, the liver cells were filled with oil; this was also outside the cells, and these were distinguishable from the oily liver of the consumptive and the drunkard, by their disposition to disintegration. This tendency was so great that the cells under the microscope presented, in the place of the normal clear outline, a ragged edge. This yellow-fever liver is in glaring contrast with the enlarged, engorged, softened and dark liver of malignant remittent, especially that which Johnson describes in the Hoogly case. This implies a veno-hepatic congestion and inflammatory softening, whilst that of uncatenated yellow fever might seem to signify dehepatization with palsy of the capillary.

He regarded yellow fever, therefore, as a peculiar disease, non-contagious and of tropical origin.

He was aware that often at Philadelphia the month of July had a tropical character. But vegetation here is not then under decomposition; we have never the rank vegetation of the tropics, and it has not been in this month that the fever in question has here prevailed. Besides all this, the question arises if vegetable decomposition can produce more than the miasm of inter- and remittent. The etiology of yellow fever is somehow associated with the tropical vegetation in connection with the oceanic salts and alkaloids, and the filth of neglected sea vessels. This triple compound under the zenith rays of a tropical sun may produce the poison which being incorporated into woolen and cotton goods, and other substances may be exported from the tropics where it was fabricated. If so, then exclude it, and if it has entered, fence off the infected locality, and properly empty it of humanity. He did not fear the removal of the cases from the infected spot when washed and re-clothed. They could not communicate the disease. He illustrated this idea by the supposition of a spot infested with serpents where, if a person goes he receives a mortal wound, but cannot communicate it.

In respect to the specific nature of yellow fever, it may consistently, like intermittent and remittent fever, and scarlatina and other epidemics, have its scale of virulence and its acme and decline, and thereby assume different modes.

Dr. Bell said that the question, as propounded, might seem to imply a doubt whether the yellow fever ever prevailed in Philadelphia. The subject, if taken up as a matter of original inquiry, may be examined in two ways—first, by *à priori* reasoning;

second, by the aid of history. Knowing the nature of the climate, the season, and the particular localities in which yellow fever finds its origin, and a congenial home, as in the West Indies and the maritime region surrounding the Gulf of Mexico, as well as those spots in southern Europe in which it occasionally occurs, we have but to compare those regions and places with that portion of Philadelphia along the Delaware river, and then ask whether, in the tropical heat of many of our summers, the exposure of a part of the bed of the river at receding tides, and the mud and vegeto-animal matters, of which it largely consists, acted on by a fervid sun, similar matters poured into the stream from numerous sewers, and sometimes alike exposed to high solar heat, not to speak of the made ground of our wharves and the decayed wood of their facings, are not adequate to the production of yellow fever, certain atmospheric, but not well defined conditions, added to high heat, favoring? The climate, as far as relates to the tropical heat of our summers, topography and the occasional adventitious circumstances of faulty public hygiene in Philadelphia, are analogous to those which are constantly found in the admitted homes of yellow fever. But—and herein is a difficulty in the way of etiology not yet solved—in all that portion of the eastern hemisphere which embraces Asia and its islands, there are extensive districts with maritime exposures and alluvial soil, at the mouths and on the margin of rivers, in which, so far as regards climate and all the atmospheric and terrene state of things, we see all the conditions for the generation of yellow fever, and yet this disease is never met with. Why, for example, should not yellow fever appear as regularly at Calcutta and the Delta of the Ganges as it does at New Orleans and the lower country of the Mississippi?

The historical side of the inquiry exhibits little that is satisfactory. You know what was said of Herodotus, the father of history, that he was the father of lies—an unjust stigma, but I only refer to it now to remark on the extreme difficulty, even when the documents are collected, of writing a history which shall truly represent the facts and incidents as they really occurred. In the question before us, respecting the alleged foreign origin of the yellow fever, we are almost entirely wanting in the first series of facts, viz: the actual sanitary state of the port at the time of the departure of the vessel which was represented to have brought with it the *materies morbi* in the shape of a virus, communicable by contagion, or a miasm, transmitted by contact of the sick with the well. Now, whether we regard the defective evidence in the first part of the inquiry, or the failure of proof in the second or home branch, we can confidently say that a case involving questions of property or of life not better sustained by more connected testimony, would inevitably be thrown out by a jury as "not proven." The commonest mistake in arguing is, that lapse of logic, which assumes two coincident facts or phenomena as bearing to each other the relation of cause and effect. In medicine our progress to a philosophical system is continually embarrassed in this way; it confuses our etiological explanations; it misleads in our therapeutical deductions and clinical experience. It is by a fallacy of this kind that a vessel arriving here from a suspected or diseased port, contemporaneously with the appearance of the yellow fever, is assumed to have imported the disease. Often, in cases where such a cause has been assigned, it has been shown that the outbreak of the fever had preceded the arrival of the accused vessel, and also, that cases of the disease had occurred in spots at a distance from its alleged focus, and among persons who had not either been near the vessel or had held any intercourse whatever with the crew or passengers or any other party visiting it or working on board.

Dr. Jewell, in the interesting remarks with which he has introduced the subject this evening, takes a kind of middle ground between the advocates of domestic origin of yellow fever, and of its importation or introduction from abroad. While admitting that the former does occur, he believes also that a vessel from a port in which the disease prevailed at the time of her departure, contained material in her hold and in her timbers which, acted on by heat, evolves the poisonous miasm of yellow fever. This may be considered as a conceded point, and it has been proven by, among others, Dr. La Roche, in his great work on yellow fever. Dr. Jewell goes a step further, and in this also he is sustained by abundant testimony, viz: that the miasm thus evolved becomes a cause of disease and death not only to individuals among her crew and passengers, but also, when she arrives here, (in port,) will give rise to the fever, both among those who come aboard of her to discharge cargo, and to those other persons who are near her, but yet on land. The vessel in this case may be said to represent a state of things ashore which is known to give rise to the fever—heat, moisture, and fermenting substances in a peculiar state of aggregation But Dr. Jewell is disposed to enlarge the range of diffusion and morbid operation of the miasm evolved from a newly arrived and sickly vessel. He believes that this miasm, instead of losing its deleterious and toxica power by mixing with the air, acts as a ferment, and thus becoming diffused over a larger surface, gives rise to disease on a more extensive scale. He admits a certain predisposition in the state of the air to be thus affected by the miasm, but he is unable to define in what it consists; analogy fails to aid him.

Were he to compare the process to cremacausis, the main condition determining which, viz. the presence of decaying matter, is wanting in the circum-ambient air, which, so far from submitting to its being converted into fresh miasm or poison, is itself, by its diluting powers, a weakener, if not direct destroyer of such poison. Still more, the combination of this miasm with the oxygen of the air would be attended, as in the case of vegetable structures, with the disengagement of heat, and occasionally of light also, a result totally different from that supposed by Dr. Jewell. Looking to what takes place on land during the existence of a yellow fever, and to the limitation of the alleged miasm extricated from the surface, so that we can trace its boundaries, and at times fence it in, we do not find any proof of diffusion of the miasm from its original source, or its increasing itself in the atmosphere in the manner supposed by Dr. Jewell.

In all our views of the etiology of yellow fever, there is still wanting an essential element, the *causa sine qua non*, to complete and give effect to the other conditions for the production of the disease—high heat and moisture acting on vegeto-animal matters. The alleged product of these known appreciable agents, to which may be added electricity, we call, hypothetically, a miasm, or volatile poison, but of its actual presence, to say nothing of its inherent properties, neither chemistry nor microscopy has furnished any proof.

Dr Nebinger regarded the question under consideration as one of great importance, deriving its value from the results which may grow out of the manner in which it may, by physicians and public authorities, be determined. If it shall be the general conclusion that yellow fever with us can have only a foreign origin, that it can never spring up from nor be aggravated by domestic causes, then will all our means of prevention be directed to controlling its introduction from abroad. If, on the other hand, it shall be determined that it cannot be introduced from foreign sources, then there must follow an abrogation of all those means now thought important in preventing its introduction from such sources. But if it shall be the wise and true conclusion that yellow fever can have a foreign origin, and be aggravated by domestic causes, then our means of prevention must be such as shall meet the double necessity of the case. We must adopt the most stringent quarantine measures, and the most thorough domestic sanitary regulations. He felt confident that yellow fever could have a foreign origin, and that its spread, continuation and malignancy could be vastly influenced by local causes. He had not arrived at this conclusion hastily. It was based upon facts and observations. It appeared to him that yellow fever was, in some of its habits, and particularly that of love of locality, like most epidemic non-contagious diseases. It flourishes most where filth most exists, where the atmosphere is most contaminated by noxious gases generated by the rapid decomposition of animal and vegetable matter mixed with earthy matter. We discourse of cholera, yellow fever, and other disease generating poisons, but what is their shape, or how or in what form they exist in the atmosphere, no man knows. All we do know is the ultimate fact that there is a condition of atmosphere where an epidemic prevails, which excites in the living body certain conditions which we call cholera, yellow fever, typhoid fever, or otherwise, according to the morbid phenomena developed. In what these several diseases generating poisons differ, it has not been the happy province of any man to make manifest. Whilst, however, the nature and form of the materies morbi are not known, there are certain facts well understood in regard to the increase of that disease generating matter, or if the word increase was objected to, then he would say there are certain well understood and duly recognized conditions which have an influence in extending, continuing and increasing the malignancy of epidemic diseases; and among these well understood conditions there is none more universally recognized than the presence of animal and vegetable matter mixed with earthy matter, and influenced by certain thermal and hygrometric conditions. How these conditions influence the spread and increase the malignancy of epidemics, is a grave question, and worthy of the most profound consideration. The bare fact of the conditions referred to having the influence stated, is generally admitted, but the how and the why it is so, is not so generally agreed upon.

The doctrine, he thought, is, that, for example, when cholera has prevailed epidemically here, that its origin has been foreign; that the cholera materies morbi has been wafted, upon the wings of the wind, from abroad. Such admitted, why, in the same city, has its ravages been much, very much more in some localities than others; and those always the foul and filthy portions of the city? Has an epidemic poison the power of self-multiplication? If so, from what material does it multiply itself? does it find in a pure atmosphere the constituents necessary for its development and multiplication? or are they only found in an impure atmosphere, rendered so by the putrefaction of animal and vegetable matter in the presence of earthy matter. From the fact, that those who reside in localities where such an impure atmosphere exists, are most influenced by the epidemic poison, the inference is reasonable, that there is something in the impure atmosphere, which, being acted upon by the epidemic materies morbi, is converted by it into matter like unto itself, and thus the epidemic poison, mul-

tiplying itself, increases in quantity, day by day, until the atmosphere of the foul locality becomes as deadly and as destructive as the atmosphere about the Upas. An almost infinitesimal quantity of the saliva of a rabid animal introduced into the blood of a healthy dog, produces, in that animal, hydrophobia, and the dog has generated, by the action of that infinitesimal quantity of materies morbi, an amount of the poison which so vastly exceeds that which was introduced into his blood, as to bear to it the relation of a million to one. The fact is conceded, that the small quantity of hydrophobic virus placed in the dog's blood acted upon the elements found there, and multiplied itself to such an extent as to develope in the dog a train of symptoms and phenomena identical with those in the animal from which it was taken. How was this done? Who will answer? May not certain disease-generating poisons, acting upon elements which they find in a vitiated atmosphere, have the power to multiply themselves out of those elements, as the rabies poison has the power to multiply itself out of elements in the blood. Starch, gum, and sugar are composed of C. H. O. in precisely the same quantities; yet how dissimilar are these three substances. By the action of some law, by some peculiar arrangement, a grouping of these same elements, we have produced three bodies bearing not the least physical resemblance to each other. May not the materies morbi of an epidemic be so controlled, by some chemical law, which enables it to act upon elements which it finds in a foul atmosphere, of the character to which he had referred, and by its action so group and arrange these elements, as to produce its kind, and thus multiply itself, until the foul locality be rendered remarkable because of the vast and extraordinary mortality produced by the epidemic? Matter changes the production of new bodies—equally as difficult to produce as the materies morbi of an epidemic in the manner stated, every moment of the day, are being induced; yet we cannot state or explain how they are produced. By the presence—that is the expression used qy chemists—of a nitrogenized body in a mixture of starch and water, alcohol is developed out of the elements of the starch. This is a purely chemical process, and when the time shall arrive for explaining the why and the how alcohol is generated under such circumstances, then, and not till then, will it do to scout the hypothesis I am pleading for in regard to the presence of the materies morbi of an epidemic being able to develope its kind, or multiply itself out of matter which it finds in an atmosphere rendered foul by the putrefaction of vegetable and animal substances, mixed with earthy material.

In 1849, when cholera in an epidemic form prevailed in Philadelphia, there was, in the southern section of the city, one locality where its ravages were so great as to render the place specially attractive—Reed street, from Front street to the Delaware river, was the locality. The mortality there was vastly greater than among the same number of citizens in any other portion of our city. So many were the victims, that it was the remark, at the time, that the undertaker's hearse was to be seen in Reed street at every hour of the day, bearing away those who had perished by the malignant breath of cholera. Why was the mortality in Reed street so much greater than the mortality among the same number of persons in other portions of the city? Let the facts be answered: The drainage of Reed street, from Front street to the Delaware, was extremely defective; the street was not paved; from curb to curb was one vast bed of black mud, enriched with kitchen refuse of several years' gradual deposit. At the end of the street, at the door of the last house, the culvert emptied thousands of gallons, per diem, of putrescent matter on the marsh, several hundred yards above low water mark. There, spread over the marsh in the most favorable manner to promote its speedy decomposition, these sewerage ejectments had generated from them malaria, which was wafted over Reed street, and which, when combined with the noxious gases generated in the street, rendered the atmosphere of the neighborhood foul, indeed. A few years rolled by, and Reed street was paved; the culvert extended to low water mark; the broad marsh, for hundreds of yards in front of, and for hundreds of yards above and below Reed street, was wharfed in, filled up, and completely reclaimed. The drainage was thus vastly improved. Cholera again presented itself in 1854. How different the scene then from the saddening one presented in 1849. The residents of Reed street, in 1854, enjoyed as great an exemption from cholera as those of the most beautiful and attrative localities of our city. Why was this? the same order of people resided in Reed street in 1854 as resided there in 1849. The condition of the houses, as regards light and ventilation, was the same at both periods. But the causes of a foul and noxious atmosphere had been removed, and, therefore, the elements were not present, in 1854, upon which the materies morbi of cholera could act, and, by its action, multiply itself, and by that multiplication, increase the number of its victims.

What is true, I think, in regard to the manner in which the materies morbi, the disease-generating element of cholera, multiplies itself, is equally true in regard to the materies morbi of yellow fever. Let us see. In the summer of 1853 yellow fever made its appearance in the neighborhood of South street wharf. At that time the culvert emptied itself into South street dock. The wharves in proximity to South street were covered with mud and animal and vegetable matter to the depth of

several inches. The locality was very filthy, and the atmosphere was loaded with foul gases generated by the decomposition of filth in the dock and on the wharves. Every case of yellow fever which occurred in 1853 has been fairly traced to some connection with South street wharf. The fact is uncontrovertible, that the yellow fever poison was in the neighborhood of South street wharf, and there only. Why did not yellow fever make its appearance elsewhere, if filth in the presence of earthy matter, and certain thermal and hygrometric conditions, are all that are necessary to produce that disease? Why was it confined to South street wharf, when there were other localities along the river front, where culverts emptied their thousands of gallons of the foulest of matter daily, and wharves also in the vicinage were equally as filthy as those in the neighborhood of South street. The same thermal and hygrometric conditions were present in those localities as were present at South street. Yet with the same terrene, thermal and hygrometric conditions prevailing, yellow fever was absent. Baker street, vastly more filthy than South street wharf—Baker street, the great depot of bones and rags gathered from the streets and gutters—Baker street, with its denizens of all hues from "sooty black to cherry ripe"—creatures as low in the scale of morals and human degradation, as men and women can be, even they were as exempt, with all the excessive filth which was gathered about them, as were the residents of our rural districts, from yellow fever. Why was this? There certainly existed in and about Baker street, in the summer of 1853, the terrene thermal and hygrometric causes said by some to be the only elements out of which the yellow fever poison can be developed. And here, too, were, of all persons, those who may truly be regarded as among the most predisposed to any such disease. Yet not a single case of yellow fever was developed in 1853, from the malaria of Baker street. How can you account for the exemption of all the filthy localities of Philadelphia from the ravages of yellow fever in 1853—except South street wharf and its immediate neighborhood? There certainly must have been something peculiar to South street wharf—something which did not exist at the other filthy localities, and which must have played a most important and grave part, withal, in producing the yellow plague of 1853. And was not such the case? He would answer yes. The Mandarin, a foul vessel from a yellow fever port, on board of which a death from yellow fever had occurred before her arrival, was there—and from her hulk, her festering, pestiferous hulk, there flowed into the impure atmosphere of South street wharf the miasm, the materies morbi of yellow fever, and that miasm found in that impure atmosphere the elements out of which to multiply itself, and thus multiplied most fearfully, did it deal its blows of death and consternation among those of that ill-fated locality. It will not do for us to close our eyes upon all these facts, and composedly say, while we wrap ourselves up in some cherished hypothesis with which these facts are at a jar, that the Mandarin had nothing to do with the development of yellow fever at South street; that the fever, and her presence, were mere coincidents. He hoped such sad coincidents would not again occur. This doctrine of coincidents is dangerous; it is fraught with a host of the most serious consequences. Its tendency is to the abolishment of rigid quarantine measures, and points to the throwing wide open the flood-gates through which diseases may be introduced among us from abroad. If they pointed to Norfolk and Portsmouth, Virginia, and asked how he accounted for the origin of the terrible yellow fever epidemic there, he would answer—what the Mandarin was to South street wharf, the Franklin was to Norfolk and Portsmouth. The Franklin there, as the Mandarin at South street, presented the miasm to a festering atmosphere in which it found the elements it required, to so group and arrange as to produce its like—the yellow fever materies morbi. He felt free to declare, that if the Mandarin had been moored at some other of the filthy localities of our river front, instead of at South street wharf—yea, had it been possible to have placed her beside Baker street, then would the other localities—or Baker street and not South street wharf—have been the place in which the yellow fever plague in 1853 would have developed itself, and there, as it gathered force and power, struck down its victims.

Dr. Condie said:—In 1832 two portions of the British army marched across a desert in equal lines, but some few miles distant from each other. So hot and dry was it, that the bodies of those who died did not decompose, but became mummified. There could not have been there any decomposition of animal and vegetable matter, yet one of these portions of the army had cholera, and was decimated by it; the other remained perfectly healthy. Can the gentleman (Dr. N.) answer how it was that one part of the army was attacked with cholera, while the other escaped?

Dr. Nebinger said: If Dr. C. means that he should answer him now, he would do so. The Doctor knows quite well that there are strata as well as currents of atmosphere; that tornadoes or whirlwinds pursue for many miles their course in certain narrow lines, frequently not more than a quarter to half a mile in width, their whole track strewed with uprooted trees, destroyed villages, and desolated homes; whilst outside of this narrow line there existed no evidence to show any atmospheric disturbance. Vessels heavily laden with human freight have quitted Liverpool when there was no cholera there, and have, when in mid ocean, had cholera

suddenly to make its appearance among the passengers. It is conceded that such vessels have encountered a current of atmosphere loaded with cholera poison, and from it the disease has sprung up. It is a fact, also, that in such cases the disease has subsided quite as suddenly, doing so, doubtlessly, because the vessel had quitted the current of poisonous air. Such, indeed, is the case almost universally with epidemics. They travel in certain lines. They are pestiferous tornadoes, marking their course with death and desolation. Such instances of the development of epidemic diseases are facts which strengthen the hypothesis for which he contended.

Dr. Jewell, in reply to Dr. Condie, remarked that it was true, vessels had frequently arrived at our wharves and at the Lazaretto, during quarantine, from tropical ports where yellow fever was prevailing, and had lost some of their crew by the fever on the voyage, and even after their arrival at the Lazaretto, and yet had not introduced the disease; and why? because the condition of the atmosphere was not as propitious for the development of yellow fever some years as in other years—there is wanting that degree of heat and moisture to produce the fermentation and decomposition necessary to constitute what is called a distempered atmosphere. The arrival of the Mandarin in 1853, July 13th, was during that peculiar terrene condition of the vicinity of South street wharf, from filth and impurities of all kinds, acted upon by humidity in a temperature at mid-day not less than 79° or 80°, and when there existed a more favoring state of things for the development of the fever. It cannot be denied that the captain and mate, who slept on board the Mandarin from the time she arrived until she was discharged, and even up to the time of their attack, both had yellow fever, of which the mate died. Two of the crew died on the voyage home, from fever. While she lay at Lombard street, after leaving South street, where the fever first showed itself, besides the captain and mate of the Mandarin, Captain Robinson, of the brig Effort, lying in an adjoining dock, his mate, steward and a seaman, all sleeping on board—together with the mate of the Mazeppa, lying alongside of the Mandarin, together with some nine others residing on the wharf between South and Lombard streets—all suffered from the yellow fever, between the 19th and 27th of July. These were the first cases. From this time cases continued to occur in the adjacent streets of the neighborhood. If, as is admitted by Dr. Condie, the poisoned atmosphere of a yellow fever ship may spread in a city to a limited extent, what are its bounds? If it is capable of spreading 100 yards from the source of the infection, why may it not, wafted by the wind or under peculiar states of the surrounding atmosphere, infect a more extended space? He meant by the state of the atmosphere, a condition to re-produce the poison or to increase it, whether by fermentation or other chemical re-action of the elements of the air upon the poisoned air from the vessel, he would not pretend to say. Again, Mr. President, if, as the gentleman has told us, no epidemic of yellow fever has ever existed in Philadelphia—with which opinion all of us cannot agree—then, Sir, the argument that the fever may be introduced and spread from a foreign poison is still more plausible. Hence, in answer to Dr. Darrach, that if yellow fever originates at home, why is a quarantine necessary?—It is to prevent foul vessels introducing the disease into our ports—not by contagion, but by means of an infected atmosphere.

At Memphis, in 1855, steamboats from New Orleans introduced the disease, and thus a large portion of the city was infected by contaminating the surrounding atmosphere.

Dr. Wallace asked if it had ever prevailed in Philadelphia not co-incidentally with the arrival of a vessel infected with it.

Dr. Jewell replied that it had, as no vessel had arrived in 1801 nor 1826, or in 1858 in Kensington, to which the disease could be traced. There was, in these instances, as far as could be observed, no foreign agency. In the latter year it occurred during the foul condition of the water in the Kensington basin, with which you are all familiar.

ACADEMY OF MEDICINE, NEW YORK.

[Prepared for the Medical and Surgical Reporter from phonographic reports.]

The great discussion on Quarantine, which had been laid over from the last meeting on account of the inclemency of the weather, that had prevented many members attending, took place last Wednesday, October 5th, an unusually large number of members and others interested in the subject being present.

After the preliminary business, Dr. Griscom opened the discussion on the preamble and resolution[1] offered by him at a previous meeting, by reading a paper, substantially as follows:—

It is not with the expectation of adding anything to the stock of knowledge of the members of the

[1] Whereas, The National Quarantine and Sanitary Convention, held in this city in the month of April last, adopted a resolution in the words following, to wit—

"*Resolved*, That, in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by one person to another, it is the opinion of this convention that personal quarantine of cases of yellow fever may be safely abolished; provided, that *fomites* of every kind be rigidly restricted."

—Therefore, *Resolved*, That the opinion expressed in said resolution is concurred in and adopted by this Academy.

Academy, or from any claim to a practical intimacy with the character, habitudes or treatment of the great scourge which is the subject of the resolution now under discussion, that I venture to occupy a few minutes of time upon it. Well may inexperience shrink from any participation in the management of this almost uncontrollable subject; and well may he be considered presumptuous, whose unproven hands shall be stretched forth to uphold an ark which it would seem to be within the province of the high priests of medical science alone to touch. But as the mover of the resolution, in opening the debate upon it, I desire opportunity merely to express a few thoughts which have occurred to me in relation thereto, and to present, in as brief a manner as possible for me, the reasons why I shall give an affirmative vote upon the proposition before us.

It is unnecessary, in this place, to spend a moment in depicting the *magnitude* of the enemy of the human race, whose traits we are now to discuss, and whose mode of advance and attack is the chief question before us. It will suffice for this, to remember,

1st, That it has destroyed in some places, during its brief epidemic visitations, 3 in 7 of the population; and

2d, That the mystery of its movements has been such, that a century of observation and study by the acutest medical minds of the civilized world, has not sufficed for the settlement upon an indisputable basis, of its laws and philosophy.

It is probably safe to say, that of the entire catalogue of "the ills which flesh is heir to," this stands above all, in the amount, the extent, and to use a gentle phrase, the *animation*, with which its various points have been discussed by philosophers, both medical and non-medical, from the time of its first appearance upon the globe, to the present hour. Whether we regard its true nosological position, its topography, its type, its symptomatology, its pathology, its diagnosis, its prognosis, or its etiology, these have excited interest in professional circles to such an extent, that the Bibliographic Record of our fellow countryman, Dr. La Roche, enumerates the titles of 991 books and essays, consulted by him in the preparation of his own voluminous and erudite work.

On the present occasion, under the terms of the resolution before us, one only of the numerous points of this knotty subject is presented for discussion, and to that I purpose to confine my remarks. The resolution declares in effect, that yellow fever *is not personally communicable*. In its own language, it says, "in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by one person to another." Mark the precision of the language—"evidence, *establishing* the conclusion."

We have had presented to us some evidence to the contrary, but it was declared by Dr. Benjamin Rush, just 60 years ago, after the epidemic of 1799 in Philadelphia, that "out of upwards of 1000 persons who have carried the disease into the country from our cities, there are no more than *three* or *four* instances to be met with of its having been propagated by contagion."

If so important a question is to be determined upon testimony so rare and disproportionate as this, where the witnesses *pro* are only three or four to the *thousand con*, surely we may be allowed to hesitate before deciding it against the liberty of the subject of the disease. But Dr. Rush was at that time a non-contagionist, and we may therefore be cautious respecting his statements. Yet if we examine the testimony adduced in favor of the personal communicability of the disease as furnished by its advocates themselves, we shall find it lacking in much that is essential to a satisfactory solution of the question. Such an examination I do not propose now to make in extenso;—abler critics have passed their judgements upon the various items. But one point I may mention, as presented in the cases cited by that ablest of American contagionists, the late Dr. David Hosack, as worthy of special attention. I refer to the entire absence of any allusion to the possibility of *fomites* having had any part in the production of the disease in the cases quoted. In the instances referred to by Dr. Hosack in his paper on the "laws of contagion," in the transactions of the Literary and Philosophical Society, from Rev. Dr. Moore, and Dr Caspar Wistar, this deficiency is most marked, and the personal contagious property of the disorder in those instances is assumed without any inquiry into the probability or even possibility of the clothing and effects of the patients having been the vehicle of the poison to others; and this too, though the patients had fled from infected districts after a residence long enough therein to have imbibed it into their own bodies, and may reasonably be presumed to have carried their clothing and other effects with them in their flight.

On the other hand there are strong grounds for the opinion, in the Germantown cases reported by Dr. Wistar, that clothing from the infected city might have been, or was, the vehicle of the disease; for it is distinctly stated, that the mother, whose daughter had lived in the infected portion of Philadelphia, and died of the fever in a few days after getting home,—that this mother, Mrs. Johnson, had "assorted the clothes of her deceased child," and afterwards took the disease and died. Now, although the case of this mother is accepted as one of personal contagion, the existence of the child's clothing *as fomites* is wholly ignored, and the same oversight occurs with regard to others who died at the same house about the same time.

Without a full investigation upon this point,—without what our legal friends would denominate a "cross-examination," testimony of this kind is, to say the least, only negative, and from the extremely small number of cases relied on, and especially in view of the additional thousands, who since the days of Rush, have been sick with the disease in uninfected districts, without communicating it to others, we are driven to the conclusion, that positive testimony of the personal communicability of yellow fever is utterly insufficient, in fact almost *nil.*

Next to Dr. Hosack, perhaps the most ardent and unflinching of the advocates of the contagious property of yellow fever, is his pupil, our highly esteemed and most worthy associate, Dr. John W. Francis, our regard for whose personal and professional character demands for all he says the most attentive consideration. I would therefore occupy a few moments in paying my respects to one of the cases relied upon by him as evidence of the doctrine which he upholds. It is his own case which he has related to us upon this floor, and also before the late Quarantine and Sanitary Convention. That I may not mistake the case, I quote all that relates to it from the report of his speech before that convention, as revised by himself. It is as follows:

"Of the fever of 1795, I shall state my own individual case to illustrate its communicability. My father contracted the disease in October of that year, and died on the 23d of that month. The day before his death I was seized with the pestilence. I could never learn that the infected district had invaded that part of the city, in which was our residence, near the head of Pearl street, nor that I had, as a child, aged six years, wandered at all from the premises. Personal communication about the sick-bed of my father, had engendered the disease. I was informed that my prescriber was Dr. Wm. Pitt Smith, who died shortly after, of yellow fever. I narrowly escaped, and well remember my coffin set up in the corner of the room; for in those days of dismay the patient was scarcely dead before interment took place; you were hardly cold before the grave received you; such was the dispatch with all classes of citizens."

To this recital the same objection lies as against the others, that nothing is said about the *possibility* of the disease having been communicated from father to son through the clothing brought by the former from the infected district, where he doubtless imbibed the poison, which he carried home with him, and caused his own death.

So also the case, reported by Dr. Fenner (in the Transact. Amer. Med. Association, vol. vii., p. 539,) which is the only one quoted by Dr. Dickson in the second edition of his Elements of Medicine, p. 274 in support of his opinion as to its contagiousness, in the following language: "A Mr. McManus, who lived on the hills of Hinds Co., more than 40 miles from Vicksburg, went down to that city and remained there several days in 1841, when it was severely scourged by epidemic yellow fever. Returning home he was soon attacked by yellow fever, of which he died after throwing up black vomit. A few days after his death, his wife, who had nursed him assiduously during his illness, and had not been away from home, was attacked in a similar manner, and died with black vomit and yellowness. Their residence was in a high and healthy locality, where yellow fever was never known to prevail. Now, it is evident," says Dr. Fenner, "that Mr. McManus contracted his disease in Vicksburg; but if *any one can doubt*, that Mrs. McManus caught the same disease from him, I must *confess it is more than I can do.*"

Now here again nothing is said about the infected clothing or merchandise, which the patient carried home with him, and yet upon such *negative* testimony, Drs. Fenner and Dickson yield all doubts.

In illustration of the absurd extent to which the sentiment of the contagiousness of yellow fever will sometimes be carried, and as an offset to the case just given, I will quote the case of my own father, who was attacked in Philadelpbia in the disastrous epidemic of 1793. He was pursuing his mathematical studies, when the disease appeared. I give his own account:

"I continued until no one but myself remained, and until my teacher himself was seized with fever and confined to his bed. He considered his recovery, I apprehend from the beginning, to be doubtful, and furnishing me with the outlines of his will, desired me to prepare it in due form. Having assisted him in signing it, and perceiving him to be very ill, I was induced, although very desirous to remain with him and assist his wife in nursing him, to yield to their advice and leave the city. . . . . I embarked in a sloop for Alloway's creek, and spent one night on the water, and on the following night I was seized with a heavy chill, followed by high feverish excitement, which was considered as an evident attack of the disease from which I had fled. My parents, eight miles distant, were informed in the morning of my situation, and no time was lost in sending for me.

"My situation excited much sympathy in the town of Salem, (N. Jersey,) where I was pretty well known, and the attendance of my physician, who resided in the town, was very assiduous, until the fears of the inhabitants for his and their own safety, laid him under a positive interdict, as I grew more and more ill, no longer to enter my room or to go inside of the house. The very atmosphere of our dwelling was considered to be infected, so that travelers along the road, apprised of my illness, would climb over the fences and make a wide

circuit, to avoid the danger. But my physician, Dr. Rowan, though prohibited from seeing me, or coming to the house, continued his daily journeys to a tree, above a quarter of a mile distant, where he met my father, learned the symptoms, and prescribed what he thought best. The disease terminated in a dysentery, which being suitably treated, I began rapidly to recover, and was soon restored to health."

No other person in the house took the disease. Seeing then such omissions and admissions as these, may we not concur in the idea expressed in the resolution, as to the absence of evidence "*establishing* the conclusion that yellow fever has ever been communicated by one person to another." How *can* any one maintain the idea of contagiousness upon such evidence as this?

In the next place, I would present a single argument against the *possibility* of yellow fever being a contagious disease. This argument I have seen alluded to only in two works—that of Prof. Smith on Epidemics, and that of Dr. La Roche on Yellow Fever—and yet, in neither, in my judgment, is the argument pushed so completely to its conclusion as it appears capable of being, and it seems, to my mind, that had it been presented in its full effect, the mooted question might have long ago been settled.

To understand fully the nature of the argument, we must first know the real meaning and application of the word "contagion," as now generally received.

Whatever may have been the views of the earlier medical philosophers, as to the precise meaning to be given to the word, or however it may have been confounded with infection, the modern application of it is clear and precise. Nowhere, probably, shall we find a more distinct and comprehensive definition of it than in the first four lines of the body of the work entiltled, "Elements of the Etiology and Philosophy of Epidemics," by Joseph Mather Smith, M. D. This definition is in the following words:

"*Contagion is a poison generated by morbid animal secretion, possessing the power of inducing a like morbid action in healthy bodies, whereby it is reproduced and indefinitely multiplied.*"

Accepting this definition, we perceive, 1st, That it is a *secretion*, (not a mere excretion,) the product of a *living animal action;* 2nd, That it is a morbid product, i. e., the result of a diseased action; and 3rd, It possesses the power of inducing a like morbid action in healthy bodies, and of multiplying and reproducing itself.

Applying this definition to certain well known diseases—small pox for instance, or measles, or scarlatina—and we have a full and distinct comprehension of its different points. The virus of variola, whencever it came originally, responds completely to them all. It is a poison reproduced in and secreted by a *living*, not dead, or decomposed tissue; it is an animal and not a vegetable production; infused into a healthy body, it reproduces *small-pox et præteria nihil.*

By the same author, contagion is contra-distinguished from infection by applying the latter to the *product of the decomposition of animal and vegetable substances*, taking the same view of the distinction as did Dr. Richard Bayley in 1796, and although other authors differ as to the most appropriate application of the word infection, some, as Wilson Philip, and Dr. Bateman, the supposed author of the article, "Contagion," in Rees's Cyclopedia, appropriating it to "the *act of communication* of the disease;" yet the definition of the word contagion, as given by Prof. Smith, is the almost universally accepted one, and, with few exceptions, the same may be said of infection, and is evidently the most free from objection.

But, to be the product of *decomposition*, the *vitality* of the decomposing substances must first be destroyed. No time need be spent in the elucidation of these points, since they have been ably discussed by some of the authors alluded to, and I content myself with the remark, that these definitions and distinctions appear to me to constitute the really correct interpretation of these pregnant words.

Let us then apply them to the case before us. The first question which arises, is this: Admitting the broad distinction thus drawn between these two sources of disease, contagion and infection,—the one the product of living animal action, the other the result of the decomposition of dead animal or vegetable matter, or of both combined,—can these two classes of poisons, so distinct in their chemical and physiological characteristics, produce the same results, when absorbed into the healthy body? Are they convertible influences?

For example—can the *marsh miasm*, which is the source of intermittent fever, by passing through the living body, cause the elimination of a poison capable of reproducing itself, or the miasm which is the cause of the more pernicious remittent, from Panama and other parts of the Isthmus, which for several years past has crowded our hospitals, did it ever, or can it, by being distilled through the animal alembic. generate a poison capable of producing the same disease in another. Every one knows to the contrary.

It may be stated as a medico-etiological axiom, that *two different and distinct causes cannot produce the same effect.*

Now, what is the original source of yellow fever? I say the *original* source—is it a secreted animal poison, generated by morbid animal action? On the contrary, it is universally accredited, even by the advocates of its contagious power, to a poison derived from vegetable putrefaction. By those who believe it to be exclusively an imported disease, as

by those who consider it wholly of domestic origin, as well as by those who regard it as both exotic and indigenous, its original ultimate source is thought to be no other than vegetable decomposition, terrene exhalations, or both combined, aided and controlled by certain meteorological circumstances. Not one writer, within the range of my observation, has ever attributed it to an animal poison secreted by the living body, and probably not one could be found, even in the ranks of the most decided contagionists, to hazard the expression of an opinion to that effect. If, then, it has no other origin than vegetable putrefaction or terrene exhalations, it cannot, according to the axiom before announced, have any other source; and, furthermore, admitting, for the sake of the argument, that a body laboring under yellow fever produces any secretion, or aura, or poison in any shape, (though this has never been proved,) that poison has a living animal, and not a dead vegetable origin, and it cannot produce the same disease as the original poison produced; and it must, therefore, if anything, produce something *different from yellow fever*, which is a specific disease, the result of one specific cause—*Quod erat demonstrandum.*

Such, Mr. President, is, I think, the true philosophical basis upon which this question should be discussed. If the principle which I have stated, viz., that two different and distinct causes cannot produce the same disease, is not merely an apothegm, but has the force of an axiom, as I claim for it, then there is an end to this long waged dispute respecting the contagious property or capability of yellow fever.

But is it so? I have been as yet unable in my brief reflections to find an exception to the rule, and moreover I am inclined to the belief that this law is in accordance with the views of the teachers of medicine generally, though it may not have been heretofore so epigrammatically stated.

But I find this proposition met at the outset by another which has had some currency among medical writers and teachers, and which is distinctly enunciated in the following passage in the speech of Dr. Francis, already alluded to:

"The complexity of the assimilative powers," says Dr. F., "tells us of man's subjection to noxious agencies, and that while the laws of life enable him to hold in abeyance to a certain degree, specific causes, inexplicable evidence compels us to recognize the generating development of contagion and infection in his own individuality. We are forced, therefore, to admit the contagious principle more or less intense *in fevers of a continuous nature*, and yellow fever is one of those disorders, and hence communicable from one person to another."

And in another place he remarks: "It falls not within the category of small pox; and ship and typhoid fevers may prove more fatal to medical attendants; but if we discard the quality of contagion, we rob continued fevers of one of their characteristics."

If this be true,—if continued fevers of whatever specific character, are *ipso facto*, generators of a contagious principle, then indeed must the other law which I have stated above, be null and void; in fact no law at all. What may be the particular ground upon which this law, as given by Dr. Francis, is assumed to stand, I confess my inability to perceive,—and I cannot doubt that on a hearing of the argument upon it, the profession would, as the Court for the Correction of Errors, pronounce it unconstitutional, or at least, after the Scotch fashion, *unproven.*

In the absence of sufficient evidence to the contrary, having by this process of reasoning satisfied myself, at least, of the non-contagiousness of yellow fever, and being convinced also that it has its origin here solely by importation, there remains the question, "*how is it propagated?*"

This question, though pertinent to the general subject, has not a sufficient bearing upon the resolution before us, to justify the expenditure of much time upon it. I can only say, therefore, that I regard the introduction of a ship load of the atmosphere of an infected locality, as of Havana or New Orleans, when the disease is rife there—as the sowing of a seed,—our own atmosphere may be prepared for its germination and growth, or it may not. If not so prepared the seed has fallen upon barren soil,—but if it is so prepared, than it has fallen upon good ground.

But I am further of the conviction that like good farmers, we may not only prepare and enrich the atmospheric soil for its reception and growth by manuring it with domestic guano in the shape of street filth, foul yards, bad drainage, but particularly by domiciliary crowding, ill-ventilation, and the absence of proper sanitary supervision,—but that we have it in our power also like good sanitarians, to diminish its fertility to a great degree, and deprive the germ of its pabulum.

Prof. Smith, while regarding the disease as sometimes a home production, produced by an exhalation "from masses of public filth, and soils containing putrescent matter," at the same time admits, that it requires for its generation "a high range of temperature and *certain epidemic influences of the general atmosphere*"

This "epidemic influence of the general atmosphere" is the "good ground" to which I have alluded, in which the imported germ must be sown to be propagated, but in what that influence consists is the great question to which the minds of sanitarians have of late years been devoted to the study of. Whether the whole secret has been revealed in

the highly interesting results obtained by Dr. E. H. Barton and his colaborers, of the late New Orleans sanitary commission, may be yet a mooted point; but that we had in 1856, a most striking evidence of the probable correctness of their theory, and also that a very narrow line does sometimes divide the borders of the barren and the fertile yellow fever atmosphere, as on that occasion, when the Hygrometers of Fort Hamilton and New York showed such a wide difference in the amount of atmospheric moisture, is a fact that cannot be overlooked, nor easily contravened.

But, in answer to the theory of assimilative fermentation, as of a spark thrown by importation among combustible materials in a city, and reproducing itself, Dr. Smith maintains that "such a process cannot account for the *slow* and *progressive* manner in which cities usualiy become pestilential;" that "the poison emitted from infected vessels and their cargoes, together with the noxious exhalations from the soil, is swept away by every passing breeze, and consequently it cannot gradually extend by a process of assimilation." This appears to me eminently unsatisfactory and inconclusive. Nor is it any more satisfactory, as further stated by the same author, that "if an assimilative fermentation can really take place, it is obvious that the air of a *whole* city would very soon become pestilential; for the miasm, being scattered by the wind through the streets generally, would quickly reproduce itself alike in every quarter." It is incorrect, because the process is not necessarily a *quick* one; it is probably and doubtless subject to some law of growth and increase not yet understood, depending upon temperature, moisture, electricity, ozone, or whatever yet undiscovered principle may exist in the atmosphere, which vary from day to day and from hour to hour—at one moment rife and prolific, at another curtailed and altered. No more need it be *quick* to spread, than that a child should be quickly raised to manhood—an acorn to an oak, or a larva to a fly; and that *whole* cities are generally not subject to the pestilential power, (while it is admitted that the poison does spread gradatim,) may be accounted for by the fact that some are larger than others, and the poison can continue to spread only so long as the necessary circumstances exist in the atmosphere—as long as the heat and moisture are sufficient. Fortunately for us, these are not perennial, and a single touch of frost instantly destroys the morbific principle, whatever it is.

Now, in all this, there is nothing incompatible with the idea of an assimilative operation—or rather, I would say, with the growth of a principle—call it fungus, algæ, animalculi, miasm, or what you will, as long as the favoring circumstances exist.

Says Dr. Smith, "The poison emitted from infected vessels and their cargoes cannot gradually extend by a process of assimilation, because it is swept away by every passing breeze." Carrying out this idea to its fair and legitimate extent, we might assert that no poison of any kind can lurk in the air. Let the microscopic bladders of the genus *nostoc*, with which our gifted Torrey recently calmed the excited populace, teach us a lesson of wisdom—that if the laws which govern the coming and going of water growths, with intervals of years greater than the average length of human life, are so entirely beyond our comprehension—so may the still more subtle and intractable influences of the invisible atmosphere give growth to powers which are none the less real because beyond the detection of any instrument or test yet known to us.

That there is an entity, a corporeal substance, or at least an active principle, poisonous in character, and yet physically undistinguishable by any human means, is admitted; its effects are too apparent to be denied. That it possesses sufficient materiality to be absorbed by, or attached to certain porous substances, though this property is denied by a few, is acknowledged by the author of the "Elements" himself. Why, then, should it be denied a power of growth, of increase, of progression, of extension? If the grosser "air plant" suspended by a thread or wire, or the delicate fungus attacked to the naked rock, will grow upon atmospheric food alone, we may easily believe that an invisible, intangible material may also there find a pabulum.

The resolution before us concludes with these words:—"*Provided that* FOMITES *of every kind be rigidly restricted.*" This covers all the ground left unoccupied by the body of the resolution itself. But the question here arises—*what are fomites?*—a question equally interesting in a literary as in a medical point of view. What say the dictionaries?

Dr. Parr, in his compendious work, gives the following definition:

"*Fomes*, fuel, when spoken of in diseases, is the remote cause of the disease; most commonly the material efficient cause. In the plural, *fomites*, it is generally applied to the infection contained in woolen or cotton, and rendered more deleterious by confinement."

The word here used, it will be observed, is *infection*, and fomites is the infection *contained in* the goods.

Dunglison's definition is:

"*Fomites*, from *fomes* 'fuel,' any thing which retains heat A term applied to substances which are supposed to retain contagious effluvia, as woolen goods, feathers, cotton, etc."

This language taken in its strict sense, is certainly obnoxious to criticism; substances *supposed* to contain contagious effluvia being made fomites.

Hooper says "*fomites*, a term mostly applied to substances embued with contagion," thus restrict-

ing the poison to *contagion*, but requiring the vehicle to be actually embued with it; while Reese in his Lexicon in copying from both, copies the errors of both, and says, "*fomes*, *fomites*. terms applied to articles supposed to be embued with contagion."

The language used by Dr. Pereira Gardner, in his Medical Dictionary, is still more objectionable. His definition is, "*fomites*, plural of fomes. *Fomes*, fuel. In medical language a fomes means a porous substance, capable of absorbing and retaining contagious effluvia. Wool and woolen cloth are among the most active fomites;" so that the coat I now wear, is a fomes, because *capable* of absorbing and retaining a contagious effluvia.

It is remarkable that there should be such a difference in the language of medical lexicographers, a difference so great, that a student of medicine who desires to be classically accurate, might be not a little puzzled; for while Parr applies the term to the infection *contained in* the woolen and cotton stuff, Dunglison and Hooper apply it to the stuff which *contains*, or is embued with it, and Gardner to a substance *capable* of absorbing and retaining it.

To obtain a correct and exact appreciation of these words, we must go back to the original, and we shall there find that the idea which underlies the whole is that of a *cherisher* or nurser, and in its literal meaning, it is, in the singular a *spark*, or kindler, and in the plural, that which aids and assists, as kindling-wood, touch-wood, or tinder. Thus Festus, a learned author of the 3d or 4th century, on the "signification of words" says the sparks are called *fomenta* which are struck from red hot iron;" and Andrews, in his Latin and English Lexicon, has the following passage:

"Fomites *sunt assulæ ex arboribus, dum cæduntur excussæ*—fomites are the splinters or chips shaken from trees while being cut down.

Fomes then, in its medical sense, is the poisonous spark, which wants but the opportunity to exercise its power, and is cherished and protected by being retained within the folds or pores of some appropriate substance, and the two together constitute the *fomites*.

But it is claimed by Dr. Francis that the human body is not only the generator of the contagion, but that it may be itself also the vehicle of the poison to others. The following passage from his speech, from which I have already quoted, interests not only by the eloquence of its expression, but also by the boldness of its sentiment. Addressing the convention he said:—

"You say in your contemplated resolve, there is no evidence of the personal communicability of yellow fever, independent of fomites, by which I infer you admit its contagious or infectious nature, when such agencies are present. How are you to liberate the afflicted patient from the action of fomites, or the by-stander who occupies his room and surrounds his bed? Everything, it is suggested, is to be removed; if there be a deficiency of electricity, I suppose it is to be restored; the patient is to be divested of all apparel; and thus, with proper ablutions, you say he becomes innoxious. The clothing which he impregnated with the emanations of his pestilence, is to be carried out of sight. But of the patient himself, the immediate source of all the poison, the generator of the fomites, what of him? Shall every tangible portion of his body, where the evil may lurk, be subjected to certain nameless operations? Is he to be shorn? Is he to be denuded? If a bank-bill that has had some currency among many hands, can circulate the fever by its transmission from one person to another (as has been asserted by the very authority which denies contagion,) what is to be the lot of the patient himself, the fountain of all the evil? In other words, gentlemen, you tell us, remove every source of contagion, and then the patient is unable to spread yellow fever. Pardon me, if I think I am warranted in saying, this doctrine is neither deferential nor inferential, nor consequential. It is a negation. Well, after all, thus safely ensconced in the ark of safety, little may be dreaded of the troubled elements. A particle of these wonderful fomites, even of an impregnated bank-note, may spread desolation and death; the corrupt or diseased patient, the source of all the danger, is, however, an impotent and harmless mass. If this is the theory espoused here, I am strongly reminded of a nursery couplet that I early learned!

> South Hampton's wise sons found the river so large,
> Though t'would carry a ship, t'would not carry a barge.

To constitute *fomites*, as I understand it, there must be an absorption of an external poisonous principle by a porous substance, and the hold upon which must yet be so slight that it may be immediately thrown off when exposed to the air, so that it may be inhaled or absorbed by a human being, in whom it may produce its specific morbid effects.

Now, is it credible, as is intimated in the passage above quoted, that the living human body can become such a fomes?—that it can absorb into its texture, like a blanket, the miasm of yellow fever, and emit it again when approached by a healthy subject? The question conveys its own answer.

To employ the illustration of the couplet, a ship retaining within its hold, an infected atmosphere, may be regarded as fomites, while the living bodies of the passengers cannot be so considered.

The language of the *proviso* is to be taken in its strict literal sense; if the infection lurks under the nails, pare them down; if in the hair, shear it; but a simple ablution, in my judgment, will suffice to

disinfect the entire body, rendering it harmless, even though itself laboring under the morbid effects of the poison.

Such, Mr President and gentlemen, are some of my reasons for the vote I shall give in the affirmative on the resolution which was passed so nearly unanimously by the late Convention.

After Dr. Griscom had finished the reading of his paper,

Dr. Reese obtained the floor, and stated that he had prepared a paper on the subject. He then proceeded to read it in his usual emphatic manner; its chief points were as follows:

He first considered the introduction of this resolution as an anomaly; it was wholly unprecedented, in his opinion, that a National Convention, should in person, by its President, solicit the endorsement of a local body for any opinions which they, on their own responsibility, saw fit to promulgate. He granted in the present case, that there was a sad need of endorsement by *somebody*. The late action of the Sanitary and Quarantine Convention had, he claimed, been renounced and repudiated by *every* medical journal in the land which has the authority or qualification to speak upon the subject. But he must confess his amazement at the temerity of an attempt to bring a resolution before this body, the passage of which would only stultify the Academy itself; a resolution which he considered intrinsically absurd, and at variance with science and common sense.

He regarded the declaration in the resolution, that yellow fever was *not* contagious from person to person, but contagious *fomites* or things, as a contradiction and absurdity. This was the gist of the resolution divested of its ambiguity and circumlocution. How could the clothes, bedding, etc., of a patient communicate the disease to a well person, when the sick body itself, the source of the malady, did not? This is not merely transcendental mysticism, but sublimated *absurdity*, and he would submit with great deference—"*arrant nonsense*"

Secondly, Fomites could not be predicated to exist, and never were alleged to exist, except in the presence of contagion. At the time of Parr and the earlier writers, no distinction had been made between contagion and infection, the terms then being used synonymously. Fomites were those agents which had received contagion from the body of the sick person, and these, being propagated among the healthy, produced disease. In the case of small pox, the danger from fomites is eminently great; yellow fever, however, not being contagious—according to the opinion of the Convention—the very idea of fomites was absurd. It asserts the existence of fomites, while denying the *contagiousness* of yellow fever—the essential element of fomites.

After a humorous allusion to the "Sepoys," at Staten Island, who had practically carried out the doctrine of the Convention, before it was promulgated by that body, by burning up all *fomites* at the island, the Doctor continued, that it was worthy of consideration, that the resolution, brought forward to be endorsed by this Academy, is at direct variance with a resolution passed by the same convention held the year before in Philadelphia, in 1858. This same convention, made up, to a great extent, of the same men, resolved, then, that yellow fever was communicated from person to person, and *not* by fomites. Is it New York *versus* Philadelphia? He would let the two conventions fight it out, Kilkenny fashion, until they have devoured each other.

He further continued, that although his individual opinions were well known to the Academy, he would take occasion to repeat, that he denied that yellow fever was contagious, either by persons or fomites, when removed to a healthy atmosphere, and he regarded the restrictions of quarantine, except for cleansing and fumigating purposes, as a relic of barbarism, worthy only of the dark ages, disgraceful to science and civilization.

Dr. R. alluded to instances of which he knew, when the medical officers connected with the quarantine had proved themselves incapable of making a diagnosis, whether patients had yellow fever, remittent or intermittent fever.

When a patient, whose disease had been first diagnosticated intermittent or remittent fever, was sent to the city, and died of yellow fever, they call it "bilious remittent fever of a *high grade*," to conceal the ignorance of diagnosis, and send the vessel on which he arrives, back from her wharf down the bay, and yet, with all this backing and filling, floating hospital and all, there has been no spread of yellow fever in the city. Meanwhile this carricature of a quarantine had been kept up, at an expense of hundreds of thousands of dollars, and a still greater loss to commerce, without influencing the sanitary condition of the city. The sanitary officers might as well be *absent* with Dr. Jerome, or at the bottom of the sea.

He would protest against the passage of this resolution, which had damaged our reputation more at home and abroad than any other action of any medical body. It had been passed by a convention, not representing the majority of the profession, but composed of the "odds and ends" of Boards of Health, the majority of whom had never seen a case of yellow fever.

Dr. Francis next took the floor. He remarked that he had waited a moment or two after the re-

marks of Dr. Reese, expecting that his venerable friend, Dr. Smith, would take this opportunity to address the Academy. He had listened with great consideration to the scientific paper of Dr. Griscom, which was marked throughout by that mental discipline which characterized the gentleman who had been so long devoted to, and was so intimately acquainted with the sanitary affairs of the city, and the paper to which the Academy had listened was both honorable to his head and to his heart.

But he had been too long acquainted with medical history and medical men, not to know that even the most assiduous and acute philosophers occasionally fall into error, and he could not for a moment believe, but that Dr. Griscom was laboring under a strong delusion. Upon this everlasting topic of yellow fever, upon which so much had been said and written, that its contemplation even now almost gave him the black vomit; he would pray most earnestly that this distinguished Academy would not hastily commit itself.

He regarded the resolution passed by the late Sanitary Convention, and now before this Academy, as a counterfeit issue, and God forbid that its members should aid in passing it. That the proposition was fraught with many absurdities, is unquestionably true, as that very astute man, Dr. Reese, had observed to-night. Let the whole matter be postponed, and *postponed*, and *indefinitely* postponed, until it shall have died away.

The theory was set forth elaborately in Dr. Griscom's paper, that fomites propagated the disease; and yet that the contagion is spread from the *patient* to these *things* called *fomites*, is denied Can there be anything more absurd! He was convinced that there is not a man in this Academy who can believe this doctrine of the Sanitary Convention. A great difficulty arises in combatting this theory, because no distinction can be made between fomites and the body itself; you cannot separate fomites from the body. Here is always a loop-hole to escape. When a case, in which contagion is incontrovertibly clear, is brought up—why, it is said, it was not the body which spread the contagion, but the fomites.

When the subject was discussed here on a former occasion, Dr. Smith came forward and quoted the authority of Louis (?) who reported to the Academy at Paris, that yellow fever was not contagious. But he did not consider him a trustworthy authority. When he was present in the Academy at Paris in 1816, and the report was made that yellow fever was *not* contagious, President Charles, at the same meeting of the Academy, gravely related that gout had been communicated to a man by taking from a clothes-line and wearing, the stockings of a patient affected with that disease. How can you trust such authority as this!

He did not wish, however, to enlarge upon the subject; this subject could never be settled by discussions of this kind; it would be far better to postpone the matter. There was another circumstance connected with the subject, to which Dr. Reese had already adverted. You have done more, recently, by this discussion on yellow fever, to injure the medical profession, than can be imagined; and if you adopt such an extravagancy as this, you discard and throw into disrepute all the great names of the profession.

Dr. Rush had been cited in this discussion; but he is *no* authority on this subject. He may tell you, that the more you bleed the greater will be the probability of saving a man from hydrophobia, but the man, who believes in contagion in one year, and is a non-contagionist the next, cannot be confided in. This is like Armstrong. First it was *all* bleeding in puerperal fever, and then it was all cathartics. Reverently as he was disposed to feel toward Dr. Rush, he could not but believe, that the fact first promulgated by him cannot be altered. "A fact is an eternal thing," said Cicero, and as such it must remain unaltered.

If you adopt this resolution, you will commit this Academy, and perform what I call a *felo-de-se*. You are only following in the train of men who have never seen a case of yellow fever. Popular feeling is against you. When you state that there are fomites, you actually admit that yellow fever is contagious.

Dr. Jos. M. Smith followed next, and gave a clear and succinct definition of fomites, which he considered the real issue of the discussion. He could not see any difficulty in defining the word. He regarded the fact as settled, that there *is* such a thing as fomites. It had been stated by Dr. Griscom, that fomites meant material which may absorb poison, (or contagion, if you please,) and by that material may be conveyed to others, and reproduce disease by emanations. Fomites, then, in the general term, comprises any material that can convey disease of whatever character. The older physicians understood, by contagion, fomites, and infection, any agents capable of producing disease. If a miasm sprung up, it was called contagion—infection, the term, as then used, meant anything and everything pestilential in its character. The union of any substance, such as woolen, cotton, etc., with a morbific agent, produces fomites. The learned Doctor here cited numerous instances of diseases, which produced various kinds of fomites, such as rubeola, variola, scarlatina, &c.

There are, however, other poisons not developed in a vitalized body, but generated *without* the body, by noxious emanations, not of a specific character, such as the exhalations from the lungs and skin,

which, when condensed and accumlating on board of a ship, give rise to typhus fever, and though almost all the passengers may escape the infection, yet persons not acclimated to these fomites will be seized with the disease. Thus, also, a ship arriving from the West Indies, where yellow fever has been endemic, may carry the fomites of yellow fever, whatever their nature may be, with them, even though none on board may be affected with the disease.

Dr. Smith then discussed the question of the assimilative power of a yellow fever atmosphere, referred to in Dr. Griscom's paper at length, contending that in cases where it was not dispelled it might be slowly assimilated and propagated by the soil.

Dr. Mott, in a few remarks, expressed his belief that yellow fever, with which he has been perfectly well acquainted since 1804, was occasionally a contagious disease. He wished to know why physicians in this city and elsewhere had more fear of visiting a patient with yellow fever, than one with intermittent. He would oppose this resolution, so far as his vote was concerned, because he looked upon it as of a very injurious tendency.

Dr. Reese again took the floor, in order to explain his position. He was perfectly well aware that the term "fomites" was formerly applied by writers to agents, which we do not now regard as producing contagious diseases. They applied this term to those diseases which they supposed were contagious But in his opinion it was perfectly plain, that *without* contagion there can be *no* fomites. A ship coming from a pestilential, infected locality, carried the infection, not in fomites, but in its atmosphere; and this poisonous atmosphere it is, which produces the disease. He denied that there has been a *single established fact, which demonstrates that yellow fever has ever been communicated by fomites.*

Dr. Alfred C. Post regarded the arguments of Dr. Reese as in perfect harmony with the theory of fomites, and as contradicting himself. That gentleman had said, that yellow fever was propagated by the atmosphere of vessels coming from infected ports. These vessels then, according to the gentleman himself, can only be regarded as gigantic fomites. All those who advocate the theory of fomites, understand by that term any material which is capable of absorbing poison, and conveying that poison from place to place, and then giving it out so as to produce the disease in others. This does not convey any idea of contagion. Suppose it had some *chemical* cause; suppose it to be something of whose intimate nature we know nothing: in this view of the case, the ship is regarded as a fomes, although on a much larger scale than a trunk or a bale of cotton. The gentleman has *admitted* that the disease may be conveyed by a ship; now it does not matter whether the fomites be a thousand cubic feet or one cubic foot in size, so long as it is capable of communicating the disease. The members of the Sanitary Convention, he believed, understood the term in that sense. Fomites have no regard, then, to size.

This idea that fomites and contagion are inseparable, is a man of straw, which these men have set up to pierce with their darts; they have accused us of entertaining absurd doctrines, which we have no idea of entertaining.

The discussion was then postponed to the next meeting, and the Academy adjourned.

———o———

On the Employment of Perchloride of Iron in the Treatment of Purulent Wounds, (*Gazette Hebdom.* August 26.)—The perchloride of iron has the property, when in a very neutral and very concentrated solution, of not only coagulating albuminous liquids of any kind, but of arresting putrefaction also, and even acting as a disinfectant. White of eggs, albumen of the blood, and other albuminous liquids have been kept for several months without any trace of decomposition, after having been coagulated by this substance. To avoid the presence of the free acid, which is found in the solution usually used in hospitals, M. Terreil proposes the following formula for a solution, which has all the advantages, and none of the disadvantages, of the usual prepation:

Crystalized perchloride of iron,	1 part.
Distilled water, - - -	4 parts.

This solution may be employed as a hæmostatic, or may be diluted, and thus effects the coagulation and disinfection of the purulent liquids, which flow from wounds of a healthy character; and M. Terreil thinks that its employment, continued for a legnth of time, may not only relieve, but even cure such lesions.

Aconite in Traumatic Neuralgia.—Mr. Ussher reports the successful external application of Tincture of Aconite in a case of neuralgia resulting from a wound of the thumb. The patient had suffered intense pain along the course of the musculo spiral nerve, without relief from other remedies. The Tincture of Aconite Root was painted along the course of the nerve several times, and permanent relief followed.

EDITORIAL DEPARTMENT.

Periscope.

On Buccal Cancer among Smokers.—M. Bouisson, of Montpelier, has given to the world another blast against tobacco, in deducing the increased prevalence of labial cancer from its excessive and long continued use. He relates 68 cases affected with cancroid and cancerous tumors in persons addicted to smoking, and thence traces a complete pathological history of the disease. We will give a brief resumé of the arguments he employs to prove his etiological doctrine, remarking, however, that they apply rather to a cancroid disease than to cancer properly so called.

There is no doubt, says M. Bouisson, that cancer of the lip and other parts of the mouth has become more frequent in proportion to the increased number of smokers, and to the increased amount of smoking among those who had already contracted the habit; the disease has progressed with the habit. This lesion was quite rare in the last century. If we examine the works of the surgeons of that time, and even those of the beginning of the present century, we find that cancer of the lip is not noted as having any marked predominance over cancer of any other part of the body, and none of them seem to have suspected that tobacco could play any part in determining the disease. All the works devoted to this disease, whether by French writers or those of other nations, are silent on this point of etiology. Hence we are justified in inferring, that if such men as Boyer, Delpech, Bell, Richerand, Heister, Jourdain, etc., did not notice the frequency of labial cancer in the proportion in which we find it at present, it was because the occasional cause of the disease was less common than now, and the number of smokers being fewer, the number of diseases which this custom engendered was also less considerable. But now the increase in the number of smokers, *à outrance*—men who are never without a cigar or a pipe in their mouths—for whom even sleep does not remove the offending weed; this increase, he remarks, has also multiplied, in a remarkable degree, the number of cancerous diseases of the mouth requiring surgical operations. Never before was there so much talk, in hospitals and in private practice, of cauterisation, of excision of the lip, and of cheiloplasty. M. Bouisson is of opinion, besides, that something more than the mere habit of smoking is required to produce labial cancers, and accords a good deal of influence to a general diathesis; but he believes that he has good reason to maintain that this morbid disposition would remain latent but for the local exciting cause produced by the irritative action of the tobacco incessantly concentrated on one point. Besides the argument deduced from the increased frequency of labial epithelioma, the author brings the following reasons to his aid, viz: It attacks the lower lip most frequently, on which the pipe stem or cigar habitually rests; it is rare among women and children. M. Bouisson speaks of a woman who was affected, but she was an inveterate smoker, and the older the smoker the more common the disease, most of the cases being in men over forty years of age. Among the poorer classes, who smoke short pipes and bad tobacco, the disease is developed sooner than among the rich, who smoke delicate cigars and long pipes, and who neutralize the local effects of the combustion of the tobacco by hygienic means. The local action of the heat on the lips has probably some effect in the production of the disease, but tobacco alone would suffice M. Bouisson gives the case of a physician of Barcelona from whom he removed some epithelial vegetations in the nostrils, which he had no hesitation in ascribing to the practice so common among the Spaniards, of eliminating the smoke of their cigarettes through the nose, and it is thus, probably, that in many cases epithelial cancers of the tongue, cheeks, arch of the palate, gums, and tonsils are produced.

As M. Bouisson's work seems thus to be founded on serious and important considerations, smokers should take warning, and indulge but moderately in their luxury.

Physiological Chemistry.—Researches on the nature of the sugar formed by the hepatic glycogenic matter, by MM. Berthelot and De Luca:

We know, from the experiments of M. C. Bernard, that the hepatic glycogenic matter is capable of being transformed into a particular kind of glucose; but the nature and specific character of this glucose have not yet been determined with accuracy.

The experiments of MM. Berthelot and De Luca demonstrate the identity of the glucose formed by the hepatic glycogenic matter with ordinary glucose; that is to say, the glucose of grapes and diabetes.—*Acad. des Sciences, August*, 1, 1859.

PHILADELPHIA, SATURDAY, OCTOBER 8, 1859.

YELLOW FEVER AND QUARANTINE.

The subject of yellow fever as connected with quarantine, it will be observed, occupies a very large portion of this week's issue of the REPORTER. It is a singular fact, that although our country has been more exempt than usual from yellow fever the past season, this disease during that time has largely occupied the public and professional mind. Two or three reasons for this may be mentioned.

For some cause, without, however, any logical foundation, a notion has prevailed ever since the terrible visitation of yellow fever at Norfolk and Portsmouth in 1855, that the disease would next appear, epidemically, in the great cities of Philadelphia and New York. And this vague notion was probably a strong element in fomenting the quarantine difficulties on Staten Island last year, which resulted in establishing this year the system of floating hospitals for yellow fever patients. The same causes also gave the subject of yellow fever and quarantine, as connected with this disease in particular, an unusual prominence in the discussions that took place last April, before the Quarantine and Sanitary Convention, which met in the City of New York.

But, whatever may have been the cause, it is a fact, that two of the most important discussions on yellow fever and quarantine that have ever taken place in this, or perhaps any other country, have recently occurred before prominent medical associations in Philadelphia and New York. We have the pleasure of spreading full and accurate reports of both these discussions before our readers this week. We have delayed the publication of the discussion before the Philadelphia Co. Medical Society in order that we might present it in the same issue with that before the Academy of Medicine in New York. Unfortunately (for us) both discussions were very long, though, as will be seen, not the less interesting. To get the whole into our issue of this week has necessitated an addition of many pages to our regular issue, and the postponement of a large amount and variety of interesting material, which is awaiting an insertion. We doubt, however, whether any of our readers will regret the course we have pursued, when they find themselves possessed of so important an addition to the literature of yellow fever and quarantine. It is not often that the views of such men as Jewell, Condie, Bell, and Darrach, of Francis, J. M. Smith, Mott, and Griscom, on the same subject, are simultaneously sent out to the world.

In conclusion, we think that, without subjecting ourselves to the charge of vanity, we can ity, claim that, in the publication of these debates,—one of them having taken place in New York on *Wednesday* evening, and issued in this city on the next *Friday* afternoon,—we have inaugurated an era in medical journalism which can only be surpassed when medical journals are issued more frequently than once a week.

CLINICAL REPORTS.

The winter campaign of medical instruction having fairly opened in our large cities, we shall devote more space than we have of late, to clinical reports; and it is our intention that these shall be select and valuable. These reports as published in this number, will bear critical examination.

MORTALITY OF CITIES.

We are making arrangements, which are nearly completed, for publishing in tabular form regular monthly reports of the mortality of about a dozen of the principal cities of the United States. These reports, which will cost a great deal of labor, will be very valuable, and unlike anything that has ever successfully been attempted before in this country. We are assured of the co-operation of properly qualified physicians in the different cities.

☞ Have the Medical Colleges of this city issued their announcements for the lectures of 1859–60? We have not had the pleasure of seeing any; and had to base our information in regard to the colleges, for the "Students' number" on what we could gather from the last year's announcements.

☞ We would call the attention of our readers to Mr. Daniels' advertisement in regard to Anatomical Preparations, &c.

☞ *Copies of this journal can be obtained of the Janitors of the Medical Colleges in New York.*

Correspondence.

Paris, August, 1859.

Musée Dupuytren.—This museum is situated in an old convent in the Rue de l'Ecole de Mèdecine. It is closed from September until November, but, by feeing the porter, visitors can obtain admission. The wall opposite to the entrance was covered with large placards, announcing private lectures and clinics in the Medical School to which the museum is attached. M. Dupuytren, whose name the Museum bears, left 200,000 francs for the endowment of a professorship of pathological anatomy, but at the suggestion of M. Orfila, Dean of the Faculty, this sum, with another, the amount not stated, was employed in founding a museum of morbid anatomy. In the centre of the room occupied by the museum is a marble bust of Parè, and around the room a number of portraits, while over the door is placed a plaster bust of M. Dupuytren. We could not but regret that it was not a more durable statue We were disappointed in not finding a catalogue, a positive necessity in such institutions. Most of the diseased specimens are accompanied with a short history, but the only really fine preparations are of diseased skin, modeled in plaster, finely colored from nature, and carefully classified. There are some 100 models from l'Hôpital St. Louis, service of M. Cazenave; some large casts of syphilitis, equally good, from l'Hôpital du Midi, service of M. Ricord. There are also some good models of defective formation, hare-lip, etc.; and a number of interesting specimens of diseased bone. Many of these preparations require change and renewal.

Aug. 20th.—Visited to-day *L'Hôpital Beaujon*, Rue de Faubourg St. Honore. This is a large and well ventilated hospital, heated by dry heat. Each ward contains a large stove, the chimney of which connects with a central shaft. The situation of the building is elevated. The original building was 96 feet on the street, and 44 in depth, consisting of ground floor and three upper stories, with large windows that admit an abundance of light and fresh air. Four pavilions, with gardens, have been added. The floor of the wards is waxed and kept very clean. They contain 438 beds, the bedsteads being of iron, with white curtains, giving the whole an exceedingly neat and comfortable appearance. The annual average of patients is 5,100, and the mortality stated to be 1 to 9.45. Their rules are very strict in receiving visitors, and the friends of the patients are examined, to prevent their taking improper articles, such as wine and spirits, etc., into the wards. The physicians are Drs. Goupil, Bihier, Gubler and Velpeau; Surgeons, MM. Malgaigne and Hagnier.

Aug. 22d.—In company with Dr. Coleman, of Georgia, visited the new Hôpital Lariboisiere, St. Lagare, opened in 1854. It was begun under Louis Phillippe, and was named after Mme. Elisa Roy, Comptesse de Lariboisiere, who, at her death, left 900,000 francs towards the erection of this magnificent building, which cost 8,000,000 francs. The ground plan is rectangular, and covers 34,395 metres. A fine colonade fronts on a spacious court, and incloses nine uniform pavilions, separated from each other by smaller courts and gardens. Each pavilion has two stories, besides the ground floor, and fifteen windows in front. Two of these pavilions are occupied by the offices and lodges of the officials; the others contain the wards, dispensary, bathing establishment and laundry. The chapel, which is of the Doric order, is at the end of the court facing the garden. It contains a fine monument to the Comptesse Lariboisiere. The hospital contains 612 beds. Twenty-four sisters of charity of the order of St. Augustine attend to the nursing of the patients, with numerous male and female assistants. There are in attendance six physicians and two surgeons, as follows: Drs. Oulmont, Moissenet, Poideaux, Bourdon, Sardene and Hèrard; Surgeons, MM. Voellemier and Chassaignac. M. Chassaignac lectured, and operated with his favorite instrument, the écraseur. The first case operated upon was a man aged about 35, thin and feeble, with double *fistula in ano*. M. C. administered chloroform. The amphitheatre is a very good one, and there were present from 75 to 80 medical men. He had some twelve or fourteen assistants.

He then exhibited a man aged about 60, who had undergone, with success, resection of the tibia. The man was able to walk about.

3d Case.—Extensive tumor of the anus, which, after the administration of chloroform, he endeavored to pull out; the patient resisted very much, but after continuing the administration of the chloroform, he withdrew it by the double hook, and applied the écraseur, and in a few seconds it was off; no hæmorrhage. The patient had a chill before leaving the operating room. When removed, the tumor was not one-half its original size, the blood having been pressed out.

4th Case.—Extensive tumor, involving the lower maxillary bone in an old feeble man. The tumor projected from his mouth, and involved the skin of the face. After dividing the skin at the median line, down to the bone, he dissected back, and then passing a trocar and canula behind the bone, through the canula introduced a chain-saw, and cut through the bone. He then disarticulated the jaw-bone and separated it; after which he cut through the tumor by means of the écraseur. There was not as much hemorrhage as in the ordinary method of operating.

Case 5th.—He then showed a child in whom he

had divided the extensor tendons of the hand, with success.

Case 6th was another one of diseased lower maxilla, in which he removed, by the same means, a portion from its centre, with success. In neither of these latter operations did he employ chloroform. He exhibited eleven cases, and operated upon nine. In two cases he had diseased mammary gland. One he removed by his favorite method, not successfully, and the second by means of the bistoury.

M. Chassaignac is a fine looking man, with a very intelligent face, active in all his movements, not tall, with a clear, distinct articulation and voice, and very pleasant manner with his patient. His hospital and clinic is one of the most popular in Paris, and his Monday of each week is looked forward to with much pleasure by the medical men who visit Paris. The week previous he removed a cancerous tongue; but first making an opening under the chin, and introducing a tube of gum elastic, so as to produce, before operating, his system of drainage. He also removed a large portion of the femur, by means of the chain-saw, resecting it. The man was still living on Monday, the 21st. In a case of abscess of the chest from diseased rib, he passed a silver tube and trocar, and introduced his piece of gum elastic, and in this way removed the pus without opening the abscess in the usual way. L. T.

Medical News.

Drs. H. Hartshorne and *Laurence Turnbull* of this city have just returned from Europe, in improved health, and prepared to enter with vigor upon their winter's labors.

A writer in the *Medical and Literary Weekly*, who, no doubt, is hunch-backed, says, that "if a man's shoulders are humped, it is a sure sign that they have some weight of brains above them, to press them down."

He gives in illustration "the wheat-field, where you will see that those stalks whose heads are heavy with the precious grain, are all bowed down; but those only whose heads are light, and contain only chaff, stand erect!"

Mr. T. Deville, of London and of the *Ecole Pratique* of Paris, has just been appointed Professor of Anatomy at Lind University, Chicago, U. S.—*Gazette Hebdomadaire, August* 12.

The Cholera is spreading along the shores of the Baltic.

Anæsthesia of Bees.—Chloroform has been effectively used in removing honey from beehives in England and this country.

The vapor of chloroform is blown into the hive until the bees are asleep, when they can be handled with safety, and in a few hours they are again as lively and busy as ever.

The Cholera in Germany, the *Lancet* says, is still increasing. In some villages half the inhabitants have been carried off. Agricultural operations have been suspended, and the cattle let loose in the fields, there being no one to attend to them.

Of all the infants born in England, 40 per cent. die before they are three years old.

The Military Hospital at Nebley, near Southampton, England, will be, when finished, the largest hospital in the world. It will accommodate between one thousand and two thousand patients.

Excitement from Fast Traveling.—Lord Shaftesbury says: "I have ascertained that many persons who have been in the habit of traveling by railway have been obliged to give it up, in consequence of the effect upon the nervous system."

In our own experience of railway traveling, the dozy, listless appearance of the travelers would incline to the opinion, that it is rather productive of tranquility than nervous excitement. Of course, this opinion does not include railroad collisions, etc.; when the individual, if not entirely annihilated, might probably be somewhat excited. But for that excitement the fast traveling could not be blamed, as it would then be at an end. The passenger would then be like the Irishman, who said that he was not hurt by the fall, but "stopping so quick."

Dentists' Titles in England.—The right of Dentists, in England, to call themselves *Surgeon*-Dentists when not graduates of a College of Surgeons, is being tried in accordauce with the new Medical Act. The following is the view of the subject presented by the Committee of the Registration Association:—

"The word 'Dentist' means an operator on the teeth. Surgeon-Dentist implies that, in addition to the occupation of 'Dentist,' the party has the statutory qualification of 'Surgeon.' It is penal to use the prefix 'Surgeon' unless in possession of the legal qualifications conferring such title."

Wills Hospital.—At a late meeting of the Managers of this institution, Dr. T. G. Morton was appointed one of the Attending-Surgeons.

The average weekly mortality of London is eleven hundred and two deaths, or about one hundred and fifty-eight daily.

Philadelphia Hospital.—The subject of Dr. Ludlow's introductory lecture to the Clinical course, will be the History of Clinical Medicine.

But little on the interesting subject of the development of the Clinic has been written, and in the hands of this accomplished scholar it will certainly be made very attractive.

The lecture will be delivered on Wednesday next, the 12th inst., at 9½ o'clock, and will be followed by the Surgical Clinic.

Counter-poisoning.—An exchange paper says, that a man who was bitten by a copper-head snake, in Rockbridge County, Virginia, died in twenty-four hours. A quart of whiskey was administered to him, and the attending physicians attributed his death to the *remedy*.

Flavoring Tobacco, so as to make the ordinary qualities resemble in perfume and taste the finest Cuban article, has been successfully accomplished by Professor Liebig.

The *Lancet* says, that connoisseurs have not been able to distinguish tobacco thus prepared from the best imported.

Publications of the Syndenham Society.—The following works are announced for the year 1860 :—

"Clinical Memoirs on Abdominal Tumors and Intumescence," by Dr. Bright; edited by Dr. Barlow. A Year-Book for 1859, on Anatomy and Physiology, Medicine, Surgery, Diseases of Women and Children, Forensic Medicine and Toxicology. Frerich's "Clinical Account of Diseases of the Liver." Hebra's Atlas of Illustrations of Skin Diseases; and Professor Simpson offers to edit a reprint of Smellie's Midwifery.

The Workhouse, as pictured by Dickens, is, at even this time, no myth.

The *Medical Times and Gazette* says, that a visitor at the Cork Workhouse was shocked at the appearance of the children, of whom a large number are maintained in the building. Upon investigation he discovered that an enormous proportion were afflicted with scrofulous diseases; many of them dying prematurely; others becoming blind; and those who survived, dragging on a miserable and feeble existence to which death itself would almost appear preferable.

Dr. Callanan says, when examined on oath before the Poor Law Inspector: "On the day I arrived, it was the hour the boys were at dinner. I examined the food, and after their meal I inspected it. I asked for a bowl of the soup; I examined and tasted it, and I found it almost perfect water. I asked of what it consisted, and was told of rice, oatmeal, and vegetables; some green leaves of leek were in the soup. I went along the form while they were at the meal, and I found some of the porringers untouched. I asked them why they did not take their soup, and they said they could not drink it. I saw the bread, and thought it very inferior; it smelled sour, and was heavy and gluey."

On this evidence, says the above journal, Mr. Arnott makes the bitter remark, that in Dickens' "Oliver Twist" the workhouse-boy astonishes his superiors by *asking for more*,—but in the case of the Cork Workhouse-boys, they prefer starvation itself to eating the food placed before them.

Gallows Confessions.—We have before noticed the heresies which afflict all varieties of quacks, when they attempt to band together for the purpose of attracting public attention and mutual admiration. This has been evident in such meetings as the late Homœopathic Convention, in which it was admitted that a portion of the order were inclined to merge into "Eclecticism." And now a noted homœopath, Dr. Hering of this city, whom we have looked on as the very personification of homœopathy, and who, we supposed, relied on it with the devotion of a fanatic, yields with an honesty not to have been expected, the following acknowledgment, which we copy from an article by him in the *American Homœopathic Review*.

He says: "We all know that the numbers in our homœopathic ranks are not lessening; but it is the general observation that the number is year after year increasing, who, instead of deriving benefit from homœopathy, are made incurable by so-called homœopathic practitioners."

Glycerine was successfully used to prevent the pitted cicatrices from small-pox pustules, during the recent epidemic at Berlin.

Army and Navy Intelligence.—We are indebted to the *Century* for the following items:—

Assistant-Surgeon J. Leatherman, Medical Department, has been assigned to temporary duty in the City of New York, as Assistant to the Medical Surveyor at that station.

Assistant-Surgeon S. W. Crawford has been ordered to repair to New York city, thence to report by letter to the Surgeon General of the Army.

Dr. G. I. De Camp, Medical Department, has returned to St. Louis from sick leave, looking much improved in health. He resumes his duties as Staff-Surgeon in that city. Dr. J. H. Bailey, who acted in his absence, returns to his station at Jefferson Barracks.

Leave of absence for thirty days, for the benefit of his health, has been granted to Assistant-Surgeon W. H. Babcock, Medical Department.

Surgeon D. S. Green and Assistant-Surgeon Bennett Green have been ordered to Panama, by the steamer from New York of Oct. 20, to relieve the Surgeons of the steam-frigate Saranac.

Assistant-Surgeon Richard C. Dean has been ordered to the U. S. steamer Crusader, which has just left this port for the Gulf of Mexico.

Passed-Assistant-Surgeon Lowber has been ordered to the steamship Narragansett, at Boston, and Assistant-Surgeon Laws has been ordered to report for duty at the Navy Yard of this city.

The Great Eastern steamship has two Surgeons appointed to sail in her. . . . J. B. Lippincott & Co. propose publishing a Manual of Spherical and Practical Astronomy, to be prepared for the press by Professor Wm. Chauvenet, and illustrated with steel and wood engravings. . . . The southern cities have thus far escaped epidemics of yellow fever, and it is now too late in the season for any extensive prevalence of it. . . . A Society of Dentists for the northwest of Germany has been formed. . . . A medallion portrait of Orfila, the Toxicologist, has been placed as a tablet on the house in which he was born, at Port Mahon, Balearic Islands. . . . A Clinical History of the Eastern Royal Maternity Charity, during 1858, has been published. . . . A book has been published in England with the title of "Chloroform, its Use and Abuse, by One who has been Thirty-three Times under its Influence."

The first case of yellow fever for the season was reported at New Orleans on the 3d inst. (Rather late in the season for a "successful run.")

To Correspondents.

B. S., Ohio.—Propylamin is prepared by B. J. Crew & Co., chemists of this city. It can be procured from them.

Dr. G., Ala.—Any money is received in payment for subscriptions which circulates at par in the locality from whence it comes. It is a good plan to *paste gold dollars between two ordinary visiting cards*, and secure the envelope well. We then have no discount to pay.

COMMUNICATIONS RECEIVED.—*Alabama.*—Dr. A. M. Graham, (with enclosure.)

Delaware.—Dr. Geo. McC. Miller.

District of Columbia.—Dr. G. M. Dove, (with encl.)

Indiana.—Dr. Calvin West.

Illinois.—Dr. T. D. Fitch, (with encl.)

Maryland.—Dr. James Dwinelle, (with encl.,) Dr. Charles Frick.

Mississippi.—Dr. Robert E. Richardson, (with encl.)

New York.—Dr. Wm. C. Roberts, (with encl.,) Dr. C. H. Shears, Dr. L. Elsberg, Dr. H. B. Horton, (with encl.,) "Gotham," (3,) Dr. J. W. Gray, (with encl.,) Dr. J. M. Newman, Mr. C. W. Polman, Dr. Chas. H. Covell, (with encl.,) Drs. Kiernan and O'Meagher.

Ohio.—Dr. A. H. Stephens, (with encl.)

Pennsylvania.—Dr. Jos. L. Cook, (with encl.,) Dr. J. W. Rugh, (with encl.,) Dr. W. W. Wick, (with encl.)

Virginia.—Dr. J. L. Dorsett, (with encl.,) Dr. P. M. Cline.

Office Payments.—Dr. J. A. Meigs, Dr. A. Foulke.

MARRIAGES.

EDWARDS—WALLER—At Bridgeport, Conn., Sept., 29, by the Right Rev. Bishop Williams, Wm. G. Waller, of Baton Rouge, La., to Harriet S., only daughter of Surgeon D. S. Edwards, U. S. Navy.

PETERS—STOUTENBOROUGH—In Brooklyn, Sept. 28, by Rev. Wm. H. Lewis, D. D., De Witt C. Peters, M. D., to Miss Emily G. Stoutenborourgh, of Brooklyn.

SQUIRE—FLEU—On the 22d September, by Rev. John Rodney, Dr. Wm. H. Squire to Mary E. Fleu, both of Germantown.

WISTER—BUTLER—Oct. 1, 1859, at the Church of the Epiphany, by Rev. J. W. Cracraft, Miss Sarah Butler to Dr. Owen Wister, both of Philadelphia.

DEATHS.

HANDY—At Washington city, Sept. 29, Dr. Charles W. Handy, of Maryland, of consumption, in the 49th year of his age.

JACKSON—Sept. 9th, at Hopkinsville, Ky., of consumption, John H. Jackson, M. D., in the 31st year of his age.

LIVINGSTON—In Cincinnati, Sept. 27th, Dr. John H. Livingston.

MCBARRON—In New York, Sept. 30, Dr. Patrick McBarron, aged 36 years.

MAYHEW—Sept. 20, in New Bedford, Mass., Julius S. Mayhew, M. D, æt. 68 years.

PANCOAST—On Seventh Day afternoon, the 1st inst., George A. Pancoast, son of Dr. Joseph Pancoast, in the 28th year of his age.

HIRST—In Galesburg, Ill., Sept. 1st, Dr. C. J. Hirst, late of Altoona, Pa., in the 40th year of his age.

BUTLER—At Davenport, Iowa, on Saturday, Oct. 1st., Oliver H. Butler, M. D., eldest son of Elias Butler, of Hyde Park, New York, aged 24.

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He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS entrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

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MODELS of all kinds will be supplied, either made here or imported, and casts of every description taken and painted to represent nature.

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He will be willing to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION entrusted to him.

All communications and packages by mail or otherwise promptly attended to. HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia.

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital; and the Editors of this journal. 2

PRACTICAL COURSE ON THE DISEASES OF THE LUNGS AND HEART.

DR. DA COSTA will commence his next practical course on the Diseases of the Chest on Thursday, October 20th.

The object of this course is to furnish graduates and students of medicine with an opportunity of becoming practically acquainted with the methods of Physical Diagnosis, and especially in their relation to *Thoracic Diseases*.

The course continues about ten weeks, and includes a series of Lectures and Clinical Demonstrations.

The Lectures are fully illustrated by *Preparations, Models and Drawings*.

The clinical meetings are held twice a week. Numerous patients are introduced to familiarize the student with the Physical Signs of Thoracic Diseases, and as the course advances he has patients assigned him, is obliged to form his own diagnosis, state the reasons for arriving at his conclusions, and indicate the treatment.

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IN addition to the regular Summer Course of Lectures, which opens on the first Monday in May, a preparatory course of instruction has been established by the Faculty.

The second session of the Preparatory or Winter Course will commence on the first Monday in November next, and continue until the last of the following February.

Lectures will be given daily by the Professors of the College, with examinations, dissections, and clinical instruction, as in the regular Summer Course of Lectures.

This Preparatory Course will not count as a full course in the requisites for graduation, neither is it obligatory on a student in order to be admitted to examination at the end of of the regular Summer Course.

The fees for the Course amount to *fifty dollars*, which amount will be deducted from the fees of the ensuing Regular Course.

For Further information, address
J. G. WESTMORELAND, Dean.

Atlanta, Ga., Sept. 16, 1859. 153

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A full course of lectures on *special* and *surgical* anatomy will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clack P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges.

Fee for the whole course, $10.

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COURSE OF PRACTICAL INSTRUCTION ON THE DISEASES OF THE LUNGS AND HEART.

ROOMS—SANSOM ST., BELOW TENTH.

DR. D. D. RICHARDSON will commence his practical course on the *Diseases of the Thoracic Viscera* on the 1st of November, 1859. The object of this course will be to extend to graduates and advanced students of medicine an opportunity of becoming practically familiar with the various methods of Physical Exploration and Diagnosis, particularly in reference to Diseases of the Chest.

The entire course will be amply illustrated by morbid specimens, models, drawings, &c.

At each clinical meeting, (which will be held twice weekly,) a large number of patients will be presented, to enable the student, by personal observation and examination, to familiarize himself with the physical signs of thoracic disorders.

Dr. RICHARDSON'S connection with the Philadelphia Hospital, (Blockley,) as Resident Physician, will enable him to afford peculiar facilities for practical illustration to his class.

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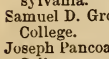
REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., ofessor of Surgery, Jefferson Medical College. Pr
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D. " " "
Isaac Hays, M. D
P. B. Goddard, M. D. 118



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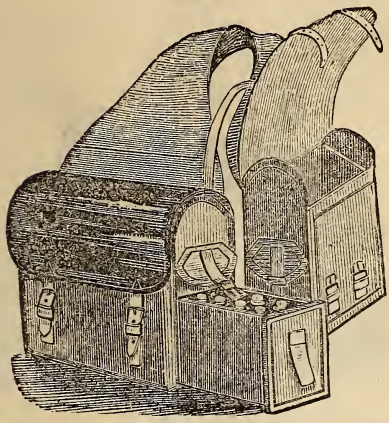

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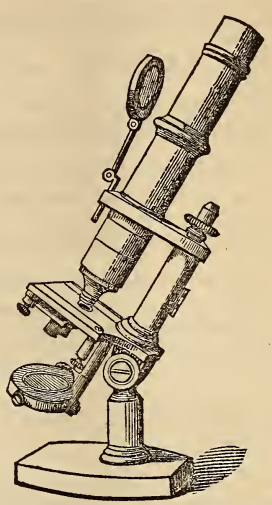

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B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEES.

Matriculation (paid once only) . . . :	$ 5 00
For each Professor's ticket . . : : .	15 00
Graduation	30 00

LEWIS D. HARLOW, M. D., *Dean*,

141 *No.* 1023 *Vine, below* 11*th Street.*

COLLEGE OF PHYSICIANS AND SURGEONS

IN THE CITY OF NEW YORK.

SESSION OF 1859-'60.

THE ANNUAL SESSION WILL BE OPENED ON MONDAY, 17th October, 1859, and continued until the second Thursday of March, 1860.

EDWARD DELAFIELD, M. D., President.

JOSEPH M. SMITH, M. D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Prof. of Surgery.

CHANDLER R. GILMAN, M. D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D., Prof. of Chemistry.

THOMAS M. MARKOE, M. D., Lecturer Adjunct to the Professor of Surgery.

GEORGE T. ELLIOT, Jr., M. D., Lecturer Adjunct to the Professor of Obstetrics.

HENRY B. SANDS, M. D., Demonstrator of Anatomy.

Fees.—Matriculation fee, $5. Fee for Professors' Ticket, $105. Demontrator's ticket. $5. Graduation fee, $25.

The Fall Course will be commenced on the 19th September, and continued until the opening of the Regular Course, as follows:

Anatomy of Heart and Arteries, by Dr. WATTS.
Meteorology as applied to Hygiene, by Dr. ST. JOHN.
Physiology of the Circulation, by Dr. DALTON.
Venereal Diseases, by Dr. F. I. BUMSTEAD.
Practical Surgery, Dr. E. ACOSTA.

Also, Four Cliniques a week, during the entire Session, by Drs. PARKER, CLARK, DETMOLD and ELLIOT. The full Course is free to the Students of the College.

The "Harsen Prize," a gold medal of the value of Fifty Dollars, besides not less than a hundred dollars in money, will be awarded to that Undergraduate of the College who shall prepare the best written report of the Clinical Instruction in the New York Hospital during any four months of the year immediately preceding the Annual Commencement in March.

The "Faculty Prizes," one of Fifty Dollars, one of Twenty-five dollars—will be awarded to the two best Graduating Theses, presented during the year.

148 ROBERT WATTS, M. D., *Dean.*

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D.D.S.
Professor of Mechanical Dentistry.

J. L. SUESSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

For further information, address

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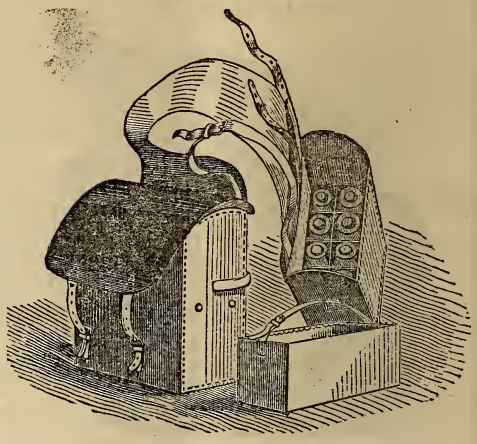

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" "	10	½ oz.	"	"	and	
" "	4	Pots,	"	"		$12 00
No. 4, containing	20	1½ oz.	Ground Stop.	Bottles and		
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" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,		
" "	14	1 oz.	"	"		
" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$16 50
No. 3, containing	14	1 oz.	Ground Stop.	Bottles,		
" "	14	1½ oz.	"	"	and	
" "	4	Pots,	"	"		$13 00

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 156. PHILADELPHIA, OCTOBER 15, 1859. NEW SERIES, VOL. III. NO. 3.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 14.

NASAL, OR OLFACTORY REGION.—This region consists of an external and an internal portion, the former rising prominently from the middle of the face, as the nose; the latter deeply placed between the face and the pharynx, and termed the nasal fossæ. It performs a double office—first, as an olfactory organ, presenting a surface for the expansion of the first cranial nerves, or nerves of smell; and second, as passages for conducting air to the respiratory organs. The nose consists of a bony and a cartilaginous portion; the first formed by the nasal processes of the superior maxillary and nasal bones, and the second of a system of cartilages attached to the margin of the former. The organs of olfaction are found to exist very generally in most families of animals. In insects, while the existence of smell can scarcely be doubted, the exact locality of the smelling organs is a matter of uncertainty. They have been placed in the antennæ, respiratory stigmata, and recently in the upper lip. The same is true of the crustacea. In fish there are orifices near the anterior part of the upper jaw, which lead into olfactory cavities. In birds there are two perforations in the upper mandible leading to similar excavations; but it is only when we reach the mammalia that the nasal prominence forms any considerable feature of the face—that it is furnished with a layer of muscles, or the interior at all complicated. In the elephant it becomes, in addition to its other functions, an organ of prehension; and in the hog, of ploughing up the earth in search of food, and a weapon of defence. The human nose is a three sided pyramid.

Nares.—The nasal cavities communicate with the face by two openings, the nostrils or anterior nares; and with the pharynx by two openings, the posterior nares. The former are separated from each other by the columna. The vertical diameter of these openings is greater than the transverse, and their form varies much in different individuals. The extremity of the cartilaginous nose is the tip or *lobulus*, and its sides, the alæ. At the entrance of the nares there is a cluster of stiff hairs—"the *vibrissæ*." In some animals these are tactile organs, having a pulp at their roots richly supplied with blood-vessels and nerves. We may next examine the anatomical elements of the organ in the order of their superposition.

Skin.—That portion covering the posterior or bony nose is quite movable and delicate in its organization; but, in advance of this, it is so firmly attached to the cartilages beneath as to admit of little or no motion. Over the alæ and the lobulus, a large number of sebiparous orifices may be seen, diminishing rapidly toward the root.

Practical Remarks—The hairs located at the anterior nares stand guard over the entrance of the air-passages, intercepting fine particles of dust which would otherwise be swept in by the current of air in inspiration. On this account, the habit of some persons of

pulling them out is to be deprecated. When the respiration is considerably increased in frequency, these hairs may be seen to be covered with foreign matters; and this condition should, aside even from other evidence, lead us to suspect some pulmonary disease. The direction of the nares argues for the erect posture of the human species, and their relation to the mouth is such that the sense of smell can exercise discrimination in the employment of food. The nearer a wound is to the root of the nose the easier will it be adjusted, in consequence of the mobility of the skin. A stitch in the same part, for the same reason, will be less liable to excite unpleasant irritation.

Tumors here are commonly encysted, and implicate the sebaceous glands. The activity of these glands may become so great as to keep the nose moist and glistening with their oleaginous secretion.

The extremity of the nose is a favorite seat for *acne rosacea*, sometimes called *bacchia*, from attacking such as too faithfully sacrifice at the shrine of the jovial god. When of an aggravated character, it not only includes the sebaceous follicles, but the integument, for some distance around, becomes thickened by the exudation of lymph, giving to the organ a knotty tuberculated appearance. When the disease has attained to such a degree of structural alteration, blue and livid lines are seen running in different directions. This alteration of color results from the mechanical obstruction to the venous trunks by the lymph effused.

In ulcers or wounds, great attention should be given to prevent contraction of the nostrils; so as not to diminish the column of air entering the lungs.

Superficial Fascia.—This layer can easily be lifted, over the bony part of the nose, but over the cartilaginous part, it is so condensed, and unites the skin so closely to the cartilages that it cannot be raised as a distinct layer. Between its short fibres small pellets of fat are lodged, so that it resembles very much the superficial fascia of the scalp. Under this a muscular layer is placed, consisting of several distinct parts, very difficult, however, to isolate definitively.

Pyramidalis Nasi.—This is a pyramidal slip continued down from the occipito-frontalis muscle, and attached to the nasal aponeurosis.

Levator Alæque Nasi.—This muscle is connected above to the nasal process of the superior maxillary, and is inserted into the angle of the nose.

Compressor Nasi.—Arises from the margin of the canine fossa, and widening into an aponeurotic expansion, joins its fellow of the opposite side on the dorsum of the nose.

Anomilus.—This extends from the canine fossa to the nasal process of the upper jaw.

Dilator Naris, Anterior and Posterior.—These are two separate planes of muscular fibres, which are attached above to the superior maxillary and the sesamoid cartilages, and below to the margin of the naris.

Compressor Nasi Minor.—Arises from the alæ, and is inserted into the lobulus.

Depressor Alæ Nasi.—This is a part of the depressor of the upper lip, extending from the upper maxillary bone to the angle of the nose. There are, therefore, no fewer than eight pair of muscles attached to and influencing the movements of the nose. (See Fig. 17, Art. 12.)

CARTILAGES.—There are five of these, which form an elastic skeleton for the anterior part of the nasal prominence.

Superior Lateral Cartilages.—These are attached above to the margin of the nasal and nasal processes of the superior maxillary bones, and at the middle, to the cartilaginous septum.

Inferior Lateral Cartilages.—These are connected above to the lower edge of the superior lateral. At the median line they rest against the septum, and turn inward and downward to form the lobulus and part of the columna. They are prolonged externally in a curved direction by the addition of three small sesamoid nodules, to form the wings or *alæ*, and their lower or free edges have an addition of very dense cellular tissue, forming most of the rim of the nostrils. The cartilaginous septum will be described when the nasal cavities come to be described. These cartilages all are covered with a perichondrium.

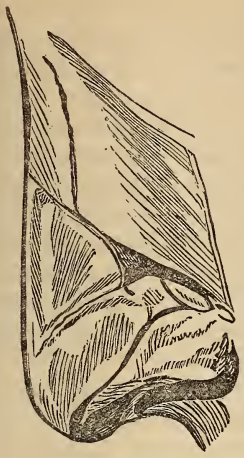


Fig. 19.
[*From Gray's Anatomy.*]
Exhibits the nasal bone and nasal process of the superior maxillary of one side, together with the upper and lower lateral cartilages, sesamoid bodies, part of the columu, and the marginal fibrous tissue.

Blood Vessels.—The arteries supplying the exterior of the nose are derived from the facial and ophthalmic. (See Fig. 17.) Those from the facial, the *laterales nasi*, are rather remarkable for their considerable size and their numerous branches. The *veins* enter thefacial.

Nerves.—Those supplying the muscles with motion are branches of the *facial;* those furnishing sensibility are from the 5th pair, or *tri-facial.* These last, it should be observed, are derived from two different trunks of the 5th pair, the *nasal*, a branch of the ophthalmic trunk—and supplying the mucous membrane of the nasal cavities, as well as the integument, which last it reaches by passing through an orifice between the bony and cartilaginous nose—and cutaneous branches from the superior maxillary trunk.

Practical remarks.—The dense nature of the fascia connecting the skin to the cartilages is apt to induce in cases of inflammation the erysipelatous variety, and causes much local suffering; sutures, therefore, of irritating material, should be avoided. Little can be done to approximate wounds here where there has been any considerable loss of substance. The dilator muscles are almost the first to come into active play in the spasmodic inspirations which occur in the new-born child, and which agitate the whole frame until the new process of pulmonary respiration is fairly established. These same muscles are in a condition of great activity, in all cases of difficult or hurried respiration, whether from disease or mere physical exertion. The same is true in tetanus. The expanded nostril of the horse indicates courage and endurance. The bold language of Job, which has been so much admired, is drawn from this condition of the nares of this noble and spirited animal.—"The glory of his nostrils is terrible." In smelling, the dilator muscles expand the nares. This can be seen in a very marked degree in the dog when scenting game, and evidently favors the rapid entrance of a large column of air, so that the odoriferous emanations are swept in with force upon the olfactory surface. In peritonitis the nostrils are compressed by the compressores nasi, the respiration being diminished in its fullness and frequency, so as not to disturb the inflamed membrane. In fainting and death they are collapsed.

The cartilages form a yielding skeleton, which protects the organ against blows, and yet sufficiently firm to maintain the nasal cavities patulous. In dressing wounds of this part of the organ, stiches, when such become necessary, as in plastic operations, should not extend into their structure. Their perichondrium may become inflamed, and the resistance of the tissue makes abscesses here very painful. They are sometimes destroyed by malignant ulceration. The perforations made in the nose for the introduction of ornaments by some tribes of Indians and Africans do not extend into these cartilages, but only into the dense cellular tissue. Wounds of the nose bleed very freely from the size of the vessels. The ophthalmic artery distributing some branches to the outer surface accounts for the practice among the older practitioners of applying a blister in chronic inflammations of the eye to the side of the nose.

The relation between the fifth pair of nerves and those distributed to the apparatus of respiration, accounts for the titilation of the integument of the extremity of the nose, exciting sneezing. This relation is taken advantage of in cases of new-born children in whom the breathing is not well established, by blowing upon the face or dashing it with cool water, thus strongly exciting inspiration. The same course is often pursued in fainting, and acts in the same way.

Abortion produced by a Polypus in the Cervix Uteri.

By J. W. Lodge, M. D.,
Resident Physician Philadelphia Hospital.

Perhaps among the many requirements of a successful pregnancy, there are none more essential than a well contracted cervix uteri. Its dilation must be gradual, and graduated by the growth of the fœtus, that portion which remains, as in the unimpregnated condition, acting as the faithful guardian for the successful termination of gestation, and anything interfering with the gradual development of the cervix, must be dangerous and very often cause the expulsion of the fœtus long before its period of viability.

The term of utero-gestation may indeed vary, but in a perfectly normal condition of the generative organs, the contractions of the uterus do not commence until the cylindrical neck has gradually become conical, when the efforts at expulsion overcome those of retention, and then a labor at term commences.

The following case will illustrate the fatal consequence which may ensue upon the presence of any abnormal body which will disturb the safe-guard of pregnancy:

A short time since I was requested to visit a woman who I was told had suffered an abortion twenty-four hours previously. On arriving, I learned that, on account of the inclemency of the weather, she had declined sending her husband, the only available person, for professional assistance, and, after a painful and tedious labor, the fœtus was born by her unaided efforts. From the appearance of the fœtus, and the woman's statement, I should judge it was about the fourth month of utero-gestation. The after-birth still remained within the cavity of the uterus, which had contracted firmly upon it, but by carefully dilating the neck, I finally succeeded in removing it entire. Being anxious to discover the cause of the abortion, I questioned the woman closely upon the subject, without eliciting anything satisfactory, but while turning out some clots which remained in the vagina, I detected a soft, yielding mass, about the size of a Guinea hen's egg, attached by an elongated peduncle to the upper and inner side of the neck of the uterus; the body of the tumor protruding about half an inch through the os. By seizing its base, and passing my finger upward, I could feel the whole course to its attachment. At my first examination I mistook its peduncle for the cord, which the patient afterwards told me she had ruptured in endeavoring to deliver the placenta. The mass was very elastic, and by taking hold of its body, it could be drawn down to the valva, with the infliction of but little pain, and, had I been allowed to do so, would have made its removal easy.

I have no doubt but that the polypus, interfering with the gradual development of the cervix, was the real cause of the miscarriage. What is, perhaps, most singular in this case, is, that during her pregnancy the patient had no symptom whatever threatening the abortion.

Inversion of the Toe-Nail.

By H. B. Wilson, M. D.
Of Boonsboro, Md.

The frequency with which inversion of the toe-nail is met by all physicians, in their practice, and the acute suffering and great inconvenience to which patients are subject, render any easy and expeditious mode of cure a great desideratum.

Different modes of relief have been resorted to with varied success. But of all with which I am acquainted, there is none so cruel and uncalled-for as splitting the nail, and forcibly extracting a portion with the forceps. It is one of those relics of barbarism which is an opprobrium to the profession. Without the use of anæsthetic agents, ether or chloroform, the operation is exceedingly painful, and sufficient to produce tetanus. I have known persons willing to submit to amputation of the great toe, rather than undergo the almost intolerable suffering. If there were no other mode of relief, this might be endured.

The practice recommended by Dr. Long, of Liverpool, (Braithwait, No. 37,) of cauterising a portion of the nail with nitrate of silver, is reasonable, and has the merit of being safe and painless in its application.

For the last ten years I have resorted to a very simple and easy process, and always with perfect success,—having first proved its efficiency on myself. It is neither dangerous nor difficult to perform.

Suppose the large toe to be affected with ingrowing of the nail, and a considerable quantity of fungous growth at the side. My plan is, first, to take a perfectly sharp scalpel, and beginning at the end of the nail, on the sore side, gradually and slowly divide about *one-fourth* of the nail from the end to the root. If done with care, not at one incision, but by degrees, cutting forward and upward toward the root, this, the most important part, will be found to be unattended with pain. Patients often imagine it will hurt them very much, but a fair trial will show that their fears are groundless. One thing should be well remembered, and that is, to sever the nail down to its root, or as near so as possible. This seems to cut off all source of nutrition with the other part, and render the smaller portion a foreign body.

The next thing to be done, is, not to dissect out the nail, or forcibly draw it out by the root; but to introduce a *very* little raw cotton under the edge of the smaller portion, or between the two edges where it has been split, as far down as the root; then bind the toe up in a slippery-elm poultice, in order to reduce the inflammation. In another day, the cotton can be pushed still farther under the nail, and the nail itself will begin to let go its connections and become loose. On the second day, or at most the third, the fourth part and offending portion *will come out of itself*, or can be gently removed *without the slightest pain*, and the toe will then get well without any further treatment. I have known patients who were almost helpless, and walking about with a cane, with a large hole in their shoe, completely cured, and wearing boots in three days. I have tried it on many, and never knew a case which was not speedily relieved. It is a simple, safe, and painless operation.

———o———

The cholera is spreading in Germany. At Hamburg sixty to seventy die daily.

Illustrations of Hospital Practice.

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

[Reported by Mr. J. H. Wehner.]

SEPTEMBER 3,

Clinic of Dr. J. Aitken Meigs, Professor of the Institutes of Medicine.

Congestion of the Liver.—The first case to which I direct your attention, is one of chronic congestion of the liver, with impaired hepatic secretion. The patient has experienced for several months past a sense of weight and fullness in the right hypochondrium. Latterly she has begun to feel some pain in this situation. There is tenderness on pressure just below the false ribs on the right side. At times she is troubled with swelling or distension in the epigastric region. This symptom is of recent appearance. Her bowels are constipated; the evacuations are somewhat scanty, light colored, and offensive; her appetite is impaired, and there is occasional nausea. The tongue is covered with a thick, yellow fur, which is darker, however, at the posterior part, near the base of the organ. The papillæ are enlarged, and appear like prominent red points scattered over the surface of the tongue. She complains, especially upon first waking in the mornings, of a bitter, slimy and nauseous taste; the conjunctivæ are yellow, and the skin exhibits a sallow hue. She complains of a sense of weight or heaviness above the eyes, and for several days her skin has been hot and dry. She is beginning to be feverish, and her urine, which is turbid and of a dark brown color, irritates and burns the urethral passage.

Now what is the meaning of all these symptoms? Do they bear any relation to each other? Are they the successive results of one common pathological condition? What is this condition, and how can it be remedied? The organ which occupies the right hypochondriac region chiefly, is the liver, and this great and important gland is the seat, the *fons et origo* of all this trouble. The liver is congested; its blood-vessels are overloaded with blood. I am not prepared to say whether this congestion is confined to the venous system of the liver, or involves the arterial also. I cannot say positively even, whether the portal vein and its interlobular branches are alone the seats of this congestion, or whether there is an undue accumulation of blood in the intra-lobular vessels and the radicles of the hepatic vein. The satisfactory and strictly reliable data for such a nice diagnosis are wanting, and yet, in a pathological point of view, I think it is important to distinguish between these different kinds, or rather different seats of hepatic congestion, inasmuch as they bear different relations to the various structural

alterations of the liver, induced by long continued congestion of that organ. There is undoubtedly an active or arterial congestion of the liver, and a passive or venous congestion also. The former is apt to terminate in hepatitis; the latter often results in an attack of cholera morbus, bilious diarrhœa, or dysentery, hemorrhage from the bowels or rectum, etc. Sometimes jaundice and dropsy are the results of such congestion. There is a biliary congestion also located in the bile ducts, and in the lobular substance of the liver.

The causes of this disease are various. I do not intend to speak of them in detail at present. You will have practical illustrations of them from time to time, as other cases of this very common disease present themselves at our clinic. You will find that chronic valvular derangement of the heart, structural alterations of the lung interfering with the pulmonary circulation, obstructions to the flow of blood in the hepatic vein and vena cava, derangement of the gastric and intestinal circulation, etc., all produce congestion of the liver. None of these causes, however, are present in the case before us. I can find no cause but the following: The patient "sews for a living." She sits constantly from morning to night; she takes but little or no exercise. You will bear in mind that she has been living in this way throughout the whole summer. This want of exercise, and the warmth of the weather, have had their ordinary effect upon her respiration. This great function has been less active; but one of the great uses of the lungs is the elimination of carbon from the blood. If the activity of the lungs is impaired, the amount of carbonic acid expired from them is diminished. But this carbon must be thrown off somehow. If the blood is not depurated of it, disease sooner or later ensues. I have told you frequently that the liver acts vicariously with the lungs. Both these organs eliminate the surplus carbon, the latter as carbonic acid gas, the former as biliary resin and pigment—substances eminently hydrocarbonaceous. The action of the lungs in our patient having been impaired by heat and want of exercise, her liver has attempted the task of separating from the blood a greater quantity of carbon than is its wont. But the liver has gradually become overworked, over-stimulated. This excessive activity, continuing for a while, slowly induces two pathological conditions of the liver—a state of exhaustion and a state of congestion. In obedience to a well-known physiological law, exhaustion follows quickly upon the heels of undue stimulation. While the liver is secreting bile rapidly, while the hepatic cells are actively developed, there is an increased afflux of blood to the organ to supply the pabulum, the material necessary to the nutrition of these cells. By degrees the vessels of the liver become overloaded with blood. They distend and press upon the biliary ducts, the lobular substance and hepatic cells. The latter become less active; the congested state of the vessels is increased; the whole liver is very much embarrassed. Exhaustion, congestion, and deficient secretion of the liver, in such a case, are distinct and successive, but mutually supporting conditions. As the capillary vessels of this organ become overloaded, the blood moves more and more slowly through them. A stasis of blood takes place. Nutrition is thus interfered with, for it is a physiological principle that the activity of the nutritive processes, all other things being equal, is directly proportioned to the constancy with which the blood is renewed in the capillary vessels of the part. Defective nutrition causes the organ to work slowly and less efficiently than in health. Just as congestion of the kidneys produces diminished secretion of urine, just as congestion of the lung produces diminished expiration of carbonic acid, so congestion of the liver sooner or later impairs the secretion of bile.

Defective hepatic secretion, in course of time, interferes with intestinal digestion. Drs. Bidder and Schmidt, of the Derpt Laboratory, have shown that when bile was entirely prevented from flowing into the duodenum of animals, and they were fed on albuminous matters, the latter underwent rapid decomposition in the small intestine with the evolution of fetid gases. When bread and amylaceous matters were exhibited under such circumstances, acid fermentation took place. Such experiments throw some light upon the manner in which intestinal digestion is interfered with by a diminution in the quantity of bile poured into the duodenum. These experimenters found also that the fœcal discharges of the animal became scanty, light colored and offensive. Just such a phenomenon is exhibited by our patient. The dark brown color of normal fœces is due to the presence of biliverdin, the pigmentary matter of the bile. In the absence of this pigment the fœces are clay-colored, or even white. You will bear in mind that it is not bile proper that colors the fœces.

The observations and experiments of Bidder, Schmidt, Hermann, Lehmann, Merklin, Golding Bird, Kerstein of Freiberg and others, have, I think, overthrown this doctrine. Indeed, it is now very well known, as Boerhaave long ago maintained, that in the healthy condition nearly all the bile poured into the duodenum during digestion is absorbed again from the intestinal mucous surface before it can reach the rectum. When I come to speak to you of the physiology of the bile in my regular course, you will see that the two resinous acids which make up the greater portion of the bile proper, serve important uses in the economy, too important to be wholly cast off as excretions. But in our patient the color-

ing matter of the bile has not made its appearance in the rectum. What has become of it? Look at the yellow hue of the eyes, of the tongue, of the face, and bear in mind that the urine of our patient is of a dark brown color, and you have the answer to this question. The hepatic cells not being able to eliminate the biliary coloring matter from the blood, the conjunctival and lingual mucous membranes have undertaken this duty. The biliary pigment is accumulating in the epidermic cells, in the uriniferous tubes, etc. But how can we be satisfied that there is really bile in the urine which is contained in this bottle, and which was voided by our patient but a few hours ago? It is brownish-yellow in color. A piece of rag dipped into it is stained yellow, as you see. I place a little of the urine upon this white plate, and drop in the middle of it a drop of nitric acid containing a very small per-centage of nitrous acid. Observe the blue color which now appears and spreads toward the outer edge of the layer of urine. Observe, too, that as this blue ring expands a violet one appears immediately surrounding the acid in the centre—how this violet circle expands and is followed by the appearance of a red one in the centre. This chromatic test for the presence of bile is very beautiful and very reliable. But we have a still better test. I pour a small quantity of this bilious urine into a test tube, and add to it one drop of this syrup, which consists of one part of cane sugar and four parts of water. I then begin to drop into the tube sulphuric acid, and you perceive at once an opaque or greyish white precipitate takes place; but as I continue to add the acid the mixture becomes syrupy, bubbles of air appear in various parts of the tube, and a reddish tint is exhibited at the bottom. When I shake the tube the tint disappears, but it begins to return at once upon the addition of more acid, and soon deepens into a cherry red color, which, however, is not permanent, for the color continues to change, first to a lake, then to a deep, rich purple. Now I add water freely to the mixture, and the color disappears, a copious precipitate following at the same time. This test is known as Pettenkofer's test, and is regarded by physiological chemists as the most reliable one which we possess for determining the presence of bile in the urine or any liquid.

When bile proper appears in the urine, it is nearly always combined with the coloring matter; the latter, on the contrary, may frequently appear without the presence of the resinous acids of the bile. When this pigment exhibits itself in the urine, we know that the hepatic cells are inactive, and that the flow of bile from the liver into the duodenum is interfered with, or wholly arrested. When biliverdin finds its way into the secretions and tissues, it produces the pathological condition known as icterus—a condition which must be carefully distinguished from that form of pyæmia in which, though the skin is greenish-yellow and the urine dark-brown, the liver is not obstructed, and bile does not find its way into the renal secretion, as may readily be determined by applying the tests above mentioned. In the present state of organic chemistry, it is not easy to determine the true pathological meaning of the presence of the resinous acids of the bile in the urine. I have just told you that these resinous matters are absorbed from the intestinal tract, and find their way again into the portal blood, from which they were secreted by the liver. In this blood they undergo some change, for their presence can no longer be detected by Pettenkofer's test. Now if these substances are secreted so rapidly by the liver, and in such great abundance that they cannot be assimilated by the blood; or if they are imperfectly elaborated by the liver, or if the blood, in consequence of being diseased, loses its customary influence over them, they will appear in the urine, and become the signs either of diseased action of the liver or the stomach and upper part of the alimentary canal, or of the blood itself. Frerichs injected large quantities of filtered bile into the veins of dogs, and found that it disappeared from the blood without appearing in the urine, and without producing dangerous symptoms. From these experiments he inferred that large quantities of the glyko-cholate and tauro-cholate of soda must accumulate in the blood before they are separated by the kidneys.

The indications for treatment in this case are very clear. We must bring about a free discharge from the portal system of veins, and then proceed to arouse the liver to a better action. In cases of congestion of the liver of brief duration, and where the portal vein and its inter-lobular branches alone are involved, no treatment answers so well, perhaps, as free purgation with sulphate of magnesia or soda combined with senna, and occasionally with bi-tartrate of potash. By such medicines the overloaded vessels are drained to a considerable extent; the blood flows more freely through the liver; secretion is consequently more active; bile disappears from the urine, the skin, the conjunctiva; the tongue cleans, and the patient is gradually restored to health. The occasional administration of a purgative dose of calomel will often bring about the same result, but in a different way. Mercury is a true cholagogue. It stimulates the hepatic cells, and after exciting them to renewed action, is eliminated, as the experiments of Buckheim have shown, directly by the biliary secretion. In proportion as the hepatic cells secrete bile from the portal blood, the vessels containing the latter are relieved of their congested condition. You see, therefore, that the salines act directly and the mercurials indirectly in relieving hepatic engorgement. You see, therefore, that in a

therapeutical point of view it is very important to distinguish the exact pathological condition of the liver in these cases. If there is no impediment to the free flow of bile from the biliary ducts, you may proceed to excite the cells of the liver to renewed action, and thereby benefit your patient considerably. If such impediment exists however—if the vascular apparatus of the liver be so engorged that considerable pressure is exerted upon the bile ducts, then you must be careful about the use of mercurials, lest by promoting undue secretion you do more harm than good, by overloading the ducts and causing still greater embarrassment in the liver. Where you are in doubt as to the exact nature of the congestion, and where you have reason to suspect that this congestion is not confined to the interlobular vessels, I advise you to combine mercurials and salines somewhat after the following manner. Let us give our patient three of the following pills daily for three days:

℞. Pil. mass. hydrarg. gr. vj.
Ext. colocynth comp. ℈ijss.
Podophylline, gr. vj.
Ant. et. potass. tart, gr. j. M.
Ft. mass. in pil. xxiv, dividenda.

On the morning of the fourth day our patient is to have one-third of the following saline mixture:

℞. Magnesiæ sulphat. ℥j.
Potassæ bitart. ℥ss.
Tr. sennæ et jalapæ, f℥ss.
Aq. fluvial. Oj. M.

Sometimes it will be well to use salines first for a day or two, and then administer the mercurial and follow it with the sulphate of manganese, which as a cholagogue ranks second to mercury only. Given to animals it occasions an excessive secretion of bile, as Gmelin has shown.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

This society met September 28th, Dr. Finnell in the chair. There was a good attendance though specimens appeared to be somewhat in demand.

The minutes of the last meeting were read and approved.

Dr. Sims presented a specimen of *Intra-uterine Polypus*, which was removed from the cervix of the uterus near the anterior wall. It was of several years' duration, occurring in a colored woman, coming from the South, who had come to the hospital here for treatment. The tumor was of the fibrous variety, very hard and pedunculated.

The doctor remarked that there was one peculiarity about the case, which occurred before the operation. We often see Southerners coming to New York, soon after their arrival, taken sick with bilious remittent fever. This young woman was taken, a few days after her arrival, with *intermittent* fever, which in a day or two assumed a regular double-tertian type. It ran a course of somewhere near three weeks, in spite of everything that was resorted to. While practicing medicine in the South I was in the habit of cutting short cases of this kind by large doses of quinia, but in this case *forty* grains produced no effect whatever.

When recovery, however, had finally taken place, the doctor proceeded to an operation, placing a *ligature* around the peduncle of the tumor, allowing it to slough off This mode of operating was resorted to because the patient was in so emaciated and feeble a condition that pyæmia was to be feared if the cutting or tearing operation had been resorted to. Dr. Sims remarked that he had made four miserable efforts to remove the tumor with the écraseur, and became thoroughly disgusted with the instrument as applicable to tumors in this region.* It is much more easy to apply a ligature than it is to get the chain of the écraseur around the tumor. The ligature in this instance consisted of a strong cord made of silk. Recovery was very complete. On introducing the finger into the uterus the surface upon which the tumor had been attached is found smooth and otherwise normal.

Concealed Hernia.—Dr. Sands presented a specimen, the history of which was unfortunately incomplete in certain important particulars. The history, so far as ascertained, was as follows:

A lady of this city, about sixty years of age, of pretty good constitution, and in the enjoyment at the time, of her usual health, went to pass a few days at West Point. It was known that she was sufficiently well on Friday to take a ride; on the Sunday following she died. The prominent symptom throughout the case was vomiting. The cause of death was not known.

Very little beyond this is known of the history, except that she was attended by a very intelligent physician of West Point, the army surgeon of that place. The body was brought to New York, and Dr. S. requested to make a post-mortem examination to ascertain the cause of death.

The head was not examined; organs of the chest entirely healthy; on opening the abdomen the peritonæum was found considerably injected; it was also observed that the small intestines were increased, while the colon was diminished in calibre. The cause of death, and the cause of the alteration in size of the large and small intestines was probably owing to a femoral hernia, which was found

* In this connection we refer the reader to a report of a clinical lecture of Dr. Elliot, in the Reporter of last week.

upon the left side. This hernia was exceedingly small. The protruded portion I have here, (it is about the size of a walnut.) The hernial sac was just large enough to contain the gut. The femoral ring through which the intestines protruded was somewhat constricted. The intestine, on its removal, was entirely free from gangrene or inflammation. Death had apparently occurred from *vomiting*. The coats of the intestine are found, on examination, to be considerably thickened, and there is a very deep sulcus just above the portion of the intestine where it entered. The intestine, below the point of strangulation, measures about three-quarters of an inch in diameter; the portion above, nearly double that, from one inch to an inch and a half.

It is somewhat doubtful whether in this case the existence of this hernia could have been determined by any of the ordinary local signs. The obstacles in the way of recognizing the hernia were, *first*, great deposit of adipose tissue an inch and a half to two inches in thickness. Neither was there any tumor that could be appreciated by the fingers. Percussion revealed no resonance, the sound being obscured by the fat of the abdominal walls. From the examination I think it is pretty evident that a very careful surgeon might have overlooked this condition of things.

Destruction of the Knee Joint.—Dr. FINNELL presented the bones of a knee-joint. They were taken from a patient who was operated upon in St. Vincent's Hospital some seven days ago. About five years ago the joint was injured by a fall. This was followed by acute inflammation, six weeks after which he was able to get up and attend to his business. The joint, however, gave him more or less trouble for the following three years, and two years ago it became very much enlarged, and the pain a great deal worse. Sinuses formed, communicating with the joint, and he entered the hospital in a very feeble condition. At this time he had cough, night-sweats, and was rapidly wasting away. On consultation, amputation of the limb was decided upon, as his only chance, the feeble condition of the patient not allowing resection of the joint. The operation was consequently performed, and the examination showed the articular cartilages of the joint almost entirely gone, the crucial ligaments completely destroyed, and the bones around the joint denuded and in a state of caries.

ESSEX COUNTY (NEW JERSEY) MEDICAL UNION.

The Essex Medical Union met on Monday evening, Sept. 12th, at the residence of Dr W. M. Brown, Newark, DR. DOUGHERTY in the chair.

The chairman read an essay on *Pyæmia*, after amputation, illustrated by two cases, which had come under his observation. The thanks of the Union were presented to the essayist for his able performance of the duty assigned.

Spinal Injuries.—DR. WHITTINGHAM presented a pathological preparation of a portion of the spinal column, taken from a patient, injured by being thrown from a stage, fracturing the spinous process of the 7th, and the transverse process of the 6th cervical vertebræ, producing pressure upon the spinal cord and paralysis of the lower half of the body. The functions of the stomach were not disturbed, but those of the bowels were much impaired, and the bladder was entirely inactive. Priapism was a prominent symptom, and the lower extremities were totally insensible. Attempts to straighten the column only aggravated the sufferings.

DR. DOUGHERTY related a case of spinal injury which he had seen with Dr. Taylor, where a fall from a window had so affected the spine as to produce the same symptoms as were present in the case just related, the insensibility being complete below the arms. The case is still under treatment.

He also reported a case of *Dislocation of the Ankle* without fracture, the reduction of which was extremely difficult, and required complete insensibility to be produced by chloroform before it could be accomplished. Three ounces of chloroform were given, and respiration was for a time completely suspended, and fears were entertained of a fatal termination, but persevering efforts for several minutes proved successful in restoring respiration and consciousness to the great relief of all concerned.

(Dr. D. wished to correct an error which he noticed in the records of the last meeting. The tumor which he opened was confined to one ovary, but was contained in two distinct sacs, the contents of which were discharged by a double operation, passing the trocar, through the septum before withdrawing the canula.)

DR. W. PIERSON, JR., reported a case of *Comminuted Fracture of the postero-inferior angle of the left Parietal Bone*, in which the trephine was used, and the depressed portion raised, a few hours after the injury. Obstinate diarrhœa set in, and in a few days convulsions, which lasted twenty-four hours, but the patient ultimately recovered.

DR TICHENOR related a case of distorted pelvis in which the distortion was entirely on one side of the pelvis, and projected in such a manner that during delivery one blade of the forceps was bent nearly straight, though excessive force was not used. Also, a case of autumnal asthma which returned every fall, but had no connection with exposure to hay or country air.

Drs. Wickes and Clark mentioned several cases of the same disease, some of which were caused by the odor of particular flowers.

Drs. Whittingham and Southard made some remarks on the uncertainty attending the use of chloroform, excessive results instantaneously following the use of small quantities in several instances.

A general discussion followed on the propriety of the use of chloroform and ether in midwifery and in the minor operations.

Dr. W. Pierson, Jr., gave the history of two recent cases of *Hydrophobia* in Orange; one a boy of twelve years, in whom the wound was cauterized and the case treated with 100 grs. of calomel and 4 of morphia in the course of 36 hours. The other a girl of eight years. In this case the wounded part was excised in two hours, and the disease combated with chloroform and whiskey in large quantities, in both cases without arresting the fatal result.

Dr. Clark spoke favorably of the use of ¼ gr. of sulphate of copper, with 1-12 gr. of opium every three hours in cholera infantum, and thought the prescription worthy of further trial.

The use of *Anœsthetics* was the subject selected for discussion at the next meeting.

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

By L. Elsberg, M. D., of New York.

Sub-periosteal Resection of the Pubis.—Want of time has prevented us from finishing, as yet, a report on the *Obstetric Operations for Delivery when the Passage of the unmutilated Fœtus at Term* per vias naturales *is impossible*, on which we have already bestowed considerable labor. Our present purpose is to acquaint our readers with the details of an operation, to which we shall have to refer in that report, proposed by Mal de Cristoforis, (*Ann. univ. Agosto, Settembre*, 1858; *Genn.*, 1859; *Schmidt's Jahrb., August*, 1859)

This *operation* is to take the place of Cesarean section, &c., and consists in the partial or total sub-periosteal resection of the os pubis with its horizontal and descending rami. It has 6 modifications.

The *instruments* required for its performance are, convex bistouries to divide the soft parts and periosteum; two blunt hooks to draw the vessels and nerves aside; one blunt hook, with turned edge, to hold the periosteum away from the bone in sawing; a number of scrapers to separate the periosteum; two or more chain-saws with handles; a large curved blunt needle; and the requisites for button and twisted suture and for dressing.

I. The *total resection* of the anterior pelvic wall consists in the removal of the entire portion between the ileo-pectineal eminences and between the two tuberosities of the ischii.

The position of the patient is across the bed, the legs at first straight down, afterwards strongly flexed and turned outwards.

The first incision is made across the mons veneris, between the two cural arteries, about five inches long. After division of the soft parts, including both aponeuroses of the fascia lata, the vessels and nerves of the thigh are isolated with the finger, gently drawn outward with the hooks, and held by assistants. Then proceeding with the division of the soft parts separately on the two sides, care must be taken that the knife be always kept over the middle line of the horizontal rami. With the same care the periosteum is divided, and pushed back from the bone as far as possible. Now, the patient's thighs are flexed, and two or three lines below the lower edge of the pubis, immediately over the upper commissure of the vulva, a horizontal incision, 1½ inches long, is made through the soft parts and periosteum. Next, after ascertaining the precise position of the ischio-pubal ramus, and drawing the soft parts tense with the left hand, an incision is carried with a strong convex bistoury in the right, in one cut, from the external angle of the horizontal wound to the middle of the tuberosity of the ischium, through the periosteum, clear down to the bone; repeating the incision at once on the other side. The periosteum here is then also separated from the bone, care being taken not to injure the urethra. While the soft parts are, then, being held off and protected with the broad hook provided for the purpose, the four rami are sawn through with a chain-saw, as follows: The ischio-pubal rami are commenced with, so that about the third part of the tuberosity is removed; then, with the patient placed again in the first position, the saw is applied from above downward around the horizontal rami, immediately on the ileo-pectineal eminences. After having thus loosened the described portion of bone at these four points, and, if not before accomplished, completed the careful and perfect separation of the periosteum of the

entire portion, it is removed. (In cases where the mons is lower down than usual, the separation of the periosteum on the pubis and symphysis may be effected without the second horizontal incision, but the operation is then more difficult.) The wounds, after smoothing off any projecting corners of bone, and cleansing, are closed with sutures, and a bandage is applied over the abdomen and thigh.

The indications for this operation are those usually referred to the Cesarian section, pelvic deformity of the last gradation, contracted to two and a half, to two, and even to one and three quarter inches, produced at the brim by projecting of the promontory, in the cavity by undue sloping of the sacrum or by tumors, or throughout by flexion of the pubis and rami inwards.

II. *Resection of the two horizontal rami and the upper half of the pubis.* This differs from the first only by the omission of one part of the operation. The periosteum is separated from the bone on the rami and on the upper two-thirds of the pubic bone, and the parts denuded are sawn through horizontally, the rami next the eminences, again lastly. The indication is contraction of the second gradation, between three and two and a half inches *at the brim*, such as may be produced by the promontory projecting, or the horizontal rami of the pubis being turned inward, or the upper portion backward, and only when premature delivery could not have been induced, and mutilation of the fœtus is excluded by its life.

III. *Resection of One Horizontal Ramus and the Corresponding Body of the Pubis.*—The incision is carried in this case only a few lines beyond the middle, (two and a half inches in all.) The lower third of the body of the pubis is best separated with the osteotome and with the knife at the symphysis. The indications for this operation are: 1, Projecting inward of this portion only, diminishing the conjugate diameter, at most, half an inch; and 2d, Misproportion on account of hard, osteosarcomatous tumors here—both rather rare conditions.

IV. *Resection of the Two Ischio-pubal Rami.*—This modification comprises the 2d act of the total resection of the anterior pelvic walls; but the 2d horizontal incision is here always omitted. It is indicated by a contraction of the outlet only, for instance, on account of a too narrow arch, ascending rami being turned inward, exostosis, etc.

V. *Resection of One ischio-pubal Ramus.*—Performance and indications result from the preceding.

VI. *Resection of the Horizontal Ramus, Body of the Pubis, and Ischio-pubal Ramus of one Side only.*—The first horizontal incision, in this modification, extends about two lines beyond the middle; the second is omitted. First the symphysis is separated with the bistoury, then the lower or posterior, and lastly, the anterior connection is sawn through. This operation would be indicated by *Nagele's* oblique distortion, the pelvis being rather small besides, projection inward of the rami of one side, and by osseous tumors.

Dr C. has performed this operation frequently on the cadaver, and assures us that with but moderate practice, and the observance of a few plain rules, all the difficulties of the operation may be overcome. The perfect separation of the periosteum pre-necessitates straight and thorough incisions; it is, however, greatly facilitated on the living subject by muscular traction. The separation of the periosteum, especially from the posterior surface of the pubis, must be performed most carefully, since the tension consequent on the passage of the child would greatly increase the smallest injury. The thick insertion of the obturator muscle and the obt. lig. render denuding of the bone on the edge particularly difficult. A sharp scraper, curved below, is here most serviceable. In separating the periosteum from the outer surface of the ischio-pubal ramus, the scraper must be pressed very close upon the bone, because the periosteum is there rather thin and penetrated by many muscular fibres which are attached to the bone. In sawing through the horizontal ramus of the pubis, the saw must be carried obliquely from above, within and before, downward, outward and backward, so that the soft parts, which are extended during the labor, may meet a smooth surface. If the periosteum should not be yielding enough to let the child pass, it must be cut with the convex bistoury, the most suitable place being at the junction of the periosteum of the rami and that of the body of the pubis.

The best time for the operation, when matter of choice, is, probably, at the beginning of the second stage of labor. Only, when the difficulty is at the outlet, we must wait to see whether nature cannot overcome it.

The wounds are not closed until complete delivery has been effected. In case, further manual or instrumental aid be necessary, turning, wherever available, is to be preferred to the forceps.

The operation, in its greatest extent, was always completed on the cadaver within thirty minutes. On the living subject it will probably require somewhat more time.

Accurate measurements proved that the operations increase the diameters of the pelvis, as follows: Upper resection of one side, 5-6 lines; do. after cut periosteum, 5-12 lines; resection of the whole anterior pelvic wall, 10-12 to 18-22 lines.

In order to establish the certainty of restitution for the portions of bone removed, Dr. C. performed the operation on living bitches. In the canine, the resection is much more difficult than in the human subject, because the division of the mammary arteries is unavoidable, the periosteum is so much thinner, the os pubis rather high, and the ischio-pubal ramus lies deep among the muscles. The experiments were sufficient, however, to prove the complete renewal of the wanting bone. It might be doubted whether the periosteum of a rhachitic bone would be able to reproduce osseoid structure; but the fact that new osseous formation follows necrosis, scrofulous losses of bone, and fractures in rhachitic persons should predispose us to a favorable opinion. The reproduction, however, in such a case, would re-cause the deformity, so that a subsequent pregnancy might render a repetition of the operation necessary, just as in the case with Cesarian section. In advanced time of life the reproduction of bony substances becomes more doubtful; but as a general rule, the operation will have to be performed when the female is primaparous, and this consideration of no consequence.

To conclude, Dr. Christoforis claims to have proved—

1. That the operations described are not only practicable, but also of sufficiently easy performance. (Would not the separation of the periosteum from the posterior surface of the pubis be rather difficult, if the head of the child was pressed against it, and on account of the very projecting abdomen?)

2. That the operation accomplishes its object.

3. That the operations, a priori, are considered less *invading* than symphysiotomy, pubiotomy and Cesarian section.

4. That the dangers of peritoneal inflammation and extensive infiltration of pus are less from this operation than from Cesarian section.

5. That complete reproduction follows the operation.

AMERICAN.

Submucous Injection as a cure for the Tooth-ache of Pregnancy is recommended by Dr. Storer in the *Boston Journal*. In a case reported by him the patient had suffered from obstinate pain in the teeth of one side of the upper jaw, which was not relieved by the usual remedies and the extraction of a tooth. He injected ten drops of the Edinburgh solution of the bi-melonate of morphia beneath the mucous membrane of the gum. The relief was instantaneous and permanent.

A case of Congenital Hernia of the Umbilical Funis, operated on by Dr. Briddon, of New York, is reported in the *American Medical Monthly*. The infant, three days old, presented a large globular dilatation of the funis, at its junction with the abdomen. It measured two and a half inches in its transverse diameter, and nearly the same in its long axis; the circumference of the narrowest part of the neck of the tumor, at the junction of the funicular tunics with the abdominal integuments, was nearly four inches. The dilated funis contained a portion of the hollow viscera of the abdomen, conveying impulses from that cavity, and pressure forcing air audibly from the incarcerated contents into it. The taxis having failed in the reduction, and as the dessication and final separation of the cord would expose the strangulated intestine, and create at best a fecal fistula, it was deemed proper to relieve it by an operation. An incision in the long axis of the tumor was made until its contents were exposed; then a slight incision was made on the right side of the umbilical opening, so as to avoid the vessels. The intestine was then returned, and a strong ligature made to embrace the neck of integuments which surrounded the pedicle of the tumor, effectually closing the opening.

No evacuation by the rectum occurred afterward, and on the fourth day after the operation the child became restless, abdomen tympanitic, and death followed.

Castration for the relief of Satyriasis and Onanism.—Dr. L. V. Bell says, in a letter in the *Boston Journal*:—"I have often been consulted as to tying up the spermatic arteries, the vasa deferentia, and removal of testes in forms of insanity connected with spermatorrhœa. I have known it done repeatedly. In one case Dr. —— castrated a clean gone onanist, who subsequently rallied and became an active *man*, and the doctor told me that he

never met him that he did not receive his blessing for the great favor he had conferred upon him. In another case of self-perpetrated castration, under a similar state of mind, with which I am acquainted, entire restoration to peace of mind and energy was produced. "On the other hand, in all the lunatic hospital cases where I have known it to be done, no valuable results followed. At the Ohio Hospital, some years ago, it was tried on quite an extensive scale. No case of improvement followed. Indeed, Dr. Awl told me that in one patient, who was previously quiet and contented, a permanent and dangerous condition of irritability followed."

A New Diuretic.—Dr. Byerley, of Cheshire, England, attributes powerful diuretic properties to the *Erodium Cicutarium*, or "Storks' bill" He gives, in the *Med. Times and Gaz.*, the following directions for its use:

"The mode of preparation is, to infuse an ounce of the dried plant (every part of it) in three pints of water, stewing it in an oven until two pints remain. The dose for an adult is four or five fluid ounces three times a day; probably more may be needed in some cases."

The Storks' bill is indigenous in England, where it grows abundantly on sand-hills near the coast, but it has been introduced into this country, and is to be found on the shores of Oneida Lake, in the State of New York.

The Metallic Wire in the Treatment of Hydrocele is reported upon unfavorably, by Dr. Gillespie, in the *Med. Times and Gaz.* The results in the cases operated on by him were unsuccessful, or the treatment prolonged and painful.

Sydenham's Opinion of Posthumous Fame is thus expressed by him, in the epistle prefixed to his chapter on Gout:—"I do not much value public applause, and, indeed, if the matter be rightly weighed, the providing for esteem (now an old man) will be, in a short time, the same as to provide for that which is not; for, what advantage will it be to me after I am dead, that eight alphabetical elements, reduced into that order that will compose my name, shall be pronounced by those who came after me?"

Life is short and art is long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to induce the patient, the attendants, and externals to coöperate.—*Hippocrates.*

Reviews and Book Notices.

ALCOHOL: *Its Place and Power.* By JAMES MILLER, Professor of Surgery in the University of Edinburgh, Surgeon in Ordinary to the Queen, for Scotland, etc. 12mo. pp. 179.

THE USE AND ABUSE OF TOBACCO. By JOHN LIZARS, Professor of Surgery to the Royal College of Surgeons, etc. 12mo. pp. 138. Philadelphia: Lindsay & Blakiston. 1859.

In the evident increase in the use and abuse of alcohol and tobacco, the appearance of the new editions of these valuable brochures is opportune. Although by different authors, their moral effect would have been more impressive had they been enclosed in one binding. They treat of vices which may be said "to play into each other's hands." Alcohol and tobacco are congenial companions; the one creates a taste for the other; the depression and exhaustion from tobacco suggests the stimulus of alcohol; the excitement and fever produced by alcohol makes acceptable the dreamy sedation of tobacco.

A smoking mania is now prevailing. "Real meerchaums," and other contrivances, through which to inhale the lethean incense of tobacco, are in demand. If the increasing use of tobacco could be considered but as a lesser evil, which was substituting itself for the greater evil of drunkenness, it might still be a blessing; but they are, as we have said, kindred vices, with a fondness for each other's society. Their effects, though immediately very different, are in the extreme very similar. They are both familiar with mania and idiocy; with muddled intellects and trembling hands, and tottering feet, and all the sufferings which attend a wrecked nervous system. Then let both these treatises be purchased and read by all who feel the responsibility of the medical profession to use their influence in checking these vices.

Alluding to the popular idea of alcoholic stimulants being "strengthening," Mr. Miller presents the following proper illustrations: "Alcohol to the working human frame is as a pin to the wick of an oil lamp. With this you raise the wick from time to time, and each raising may be followed by a burst of brighter flame; but while you give neither cotton nor oil, the existing supply of both is, through such pin-work, all the more speedily consumed." "Genius may have its poetical and imaginative powers stirred up into fitful paroxysms by alcohol, no doubt; the control of will being gone or going, the mind is left to

take ideas as they come, and they may come brilliantly for a time; but, at best, the man is but a revolving light. At one time a flash will dazzle you; at another the darkness is as that of midnight, the alternating gloom being always longer than the period of light, and all the more intense by reason of the other's brightness. While imagination sparkles, reason is depressed; and therefore, let the true student as we have said, eschew the bottle's deceitful aid."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 15, 1859.

INTRODUCTORY WEEK.

This is introductory week in the Medical Schools of this city and New York. In this city, the Professors in the several Colleges have adhered to the old custom of giving each an introductory lecture, thus occupying a whole week in this manner, when one day would have been sufficient. A single introductory lecture in each school is all that is needed. The sessions might just as well be wound up with seven valedictories for each school, as begun with seven introductories. We trust that hereafter, introductory *week* will resolve itself into the proportions of an introductory *day*.

Besides the introductories in the Medical Colleges, the clinical "season" at the Philadelphia Hospital was opened on Wednesday, by a very able discourse by Dr. J. L. Ludlow, one of the attending physicians. His subject was the History of Clinical Medicine.

We believe that it is the testimony of every one with whom we have spoken, that the number of students in this city is much larger than usual. Indeed, from present appearances, we judge that the classes in all the schools will be unprecedentedly large.

Our correspondent in New York informs us that the same thing is true of the New York schools; that they all have promise of larger classes than usual.

It is a very singular fact, and one which we propose to speak of more at length hereafter, that while medical schools are multiplying in all parts of the country, those of these two great cities seem to flourish rather than decline. A few years ago, when the *Nashville Journal* was an "organ" of the Medical Department of the University of Nashville, it predicted the decline of the great schools of Philadelphia and New York. Its battle cry was "Delenda est Carthage," but somehow Carthage grows while Rome flourishes too. The success of the one did not, it seems, involve the necessity of the destruction of the other. Perhaps the *Journal* can aid us in accounting for this anomaly.

The *Medical Press* claims that the increase in the New York schools is, in part at least, due to its influence. We will enter no such claim on our own behalf, on account of the large classes in this city. Indeed, we do not intend to work any harder for the Philadelphia than for the New York or any other schools. They must work for themselves. Our pages are open for contributions from any of them, so long as they are of general interest.

MEDICAL TEACHING IN NEW YORK.

The "Students' Number" of the *Medical Press*, contains a description of the schools hospitals, private classes, and other means of imparting medical instruction in the city of New York. Its editors deserve great credit for the completeness of their work, on which they must have bestowed much labor. From it we gather the following facts:

Medical Schools.—Of these there are three, viz: The Medical Department of the University of New York, the College of Physicians and Surgeons, (University of the State of New York,) and the New York Medical College. All these have able faculties, and their course and plan of medical instruction, and means of demonstration are of the highest order.

Hospitals.—Sixteen are enumerated, including two insane asylums. Ten of these are on New York Island, one on Ward's Island, two on Blackwell's Island,* two on Staten Island, and one on Randall's Island. (The floating hospitals are not enumerated in the above list.) In these hospitals an immense number of

* Under one of these heads are included the following: the Penitentiary, Workhouse and Almshouse hospitals, and the Small-pox hospital.

patients are treated annually, and many of them have arrangements for clinical teaching.

Dispensaries.—Six dispensaries are enumerated, but no information is given in regard to clinical instruction in them. There ought to be the most liberal arrangements made for clinical teaching at the dispensaries of both this city and New York.

Private Classes.—Only seven of these are mentioned, though they include Aylett's Medical Institute and the New York Preparatory School of Medicine, both of which have very large classes. The latter is a chartered institution with power to confer the degree of "Bachelor of Medicine."

THE PUBLICATION OF ABSURDITIES.

There is, in human nature, a relish for the marvellous. A statement may be considered interesting in proportion as it recedes from the practical to the transcendental; even though it be only an intended exaggeration for the idle diversion of the reader. The general ignorance of the masses in regard to the human structure in the natural functions of health or the innumerable conditions of disease, renders it a favorite theme for the fabrication of startling absurdities, and almost daily may be read in respectable quarters, statements which should satiate to nausea the most gullible. Among the startling human phenomena recounted, are the "wonderful cures" continually being discovered. These recipes supply abundant material for the prevalent fondness among many persons for treating disease. Among the ignorant the fondness for prescribing is remarkable, and every chronic invalid has suffered by urgent importunities to try the innumerable "certain cures."

But unfortunately the secular press is not alone answerable for the spreading of nonsense, and numerous instances could be shown where the most intense absurdities have found their way into the medical journals. The following specimens will be sufficient for illustration and evidence. A neighboring cotemporary repeats the following:

"*Cure for Burns.*—The *Gazette Médicale*, states that charcoal has been accidentally discovered to be a cure for burns. By laying a piece of charcoal on the burn the pain subsides at once; by leaving it on for an hour the wound will be healed."

In a number of journals we have seen copied, the subjoined very *Frenchy* miracle.

"*Remarkable luxation of the Eye.*—During a conflagration the patient received the full stream from a fire-pump in his face. The column of water struck the eyelids of the right eye with violence, thrusting them strongly backward. Contracting under the double influence of the shock and the cold, they forcibly compressed the globe, forcing it out of its orbit by a kind of enucleation. The author saw the patient in an hour, and found the eye hanging out, retained only by its muscles and the distended optic nerve. Its reduction was very easy. Local antiphlogistics and aperients were employed, and in the course of ten days he saw as well as before the accident."

The publication of a fallacy is, we are aware not necessarily an endorsement of its truthfulness or a recommendation of its merit. It may be but the repetition of a passing novelty, for the entertainment of the reader; but yet the publication, without denouncing, in a reliable place, certainly gives to it an air of authority, and as a medical journal is looked upon as authority from which the non-medical press can with confidence quote, the masses may thus be influenced unfavorably. The credulous may be thus led astray, and to say the least of it, it is but a propagation of error or pandering to a vicious taste.

A GRAVE QUESTION!

Sometime since, in the course of a few remarks on the uncertainties of medical journalism, we stated that, with one exception, the senior editor of the REPORTER was the oldest medical editor in the United States. We did not suppose that the fact was of any very great consequence, excepting as illustrating our subject; but it seems to have set the senior editor of the *Nashville Journal of Medicine and Surgery* to delving among his files of journals, to see whether he cannot disprove the assertion. This he claims to have done, inasmuch as our name did not "*appear*" as editor until February, 1854, while he, and some others, began their editorial career at an earlier date. Now, we happen to know that the burden of editorial

labor on the REPORTER rested on our shoulders almost from our first connection with the enterprise, and on referring back, we are only surprised at the amount that we performed. This labor first began in July, 1850. The first day of the month was publication day. The first number of the *Medical Gazette* is dated July 6th, 1850, while the *Nashville Journal* did not appear until the following year. It would appear, therefore, that our first statement was correct. But the same number of the REPORTER contains a notice of the *Medical Gazette*, showing, either that the latter was a case of premature labor, or the former one of prolonged gestation—which, we will leave to the astute editor of the *Journal* to decide. Somehow, it fell to our lot to notice, editorially, the first numbers of both those journals.

But if the *Journal* insists that, because our name did not "appear" as editor, our claim to that high honor is not valid, then we are content to retire from the field and leave him to wear the coveted laurels—only asking how he would dispose of those editors of publications (for we suppose they have editors) whose names never "appear" in that capacity. The great New York dailies are "published" by Raymond, Greely, Bennett—who are their editors—and have they no editors who occupy subordinate positions, whose names never "appear?"

The editor of the *Journal*, however, magnanimously offers to withdraw in our favor, should we claim the advantage over him in point of age. We have no more disposition to press that point than the other, and if we had, the "leading articles" in his September number,—not to name any others—by their solidity, gravity, force of reasoning, and impassioned nature, give such strong "internal evidence" of the maturity of age and experience, as to preclude the possibility of our doing so with any hope of success.

But loth to retire thus ingloriously from the field, we must try and base a small chance of a claim on the score of looks. Our friend of the *Journal* has a weakness in this direction, having, we are told, a full length portrait of himself adorning his lecture-room in the University. Now, we know a man who is very anxious to take our likeness, and we propose that an umpire be appointed, a disinterested party and a good judge of portraits, and see how we will compare in that respect! We have strong hopes that on this point we would bear away the prize.

CORONERS' INQUESTS.

In another column an esteemed correspondent calls attention to some of the palpable absurdities in connection with our law of inquests as at present administered. It is high time that there should be a radical reform in respect to these laws. Coroners should always be medical men, high-mineded and honorable in their profession, of too exalted a character, and unquestionable a standing, to be even suspected of being capable of stooping to anything dishonorable in their administration of law. An able report on this subject was made to the American Medical Association, a few years ago, by Dr. Semmes, of Washington.

We hope that this important subject will receive the attention it deserves, and that the profession in every section of the Union will press it upon the attention of the public, until the present loose method of administering the "Crowner's quest law," is ref ormed.

Correspondence.

GOSSIP WITH CENTENARIANS.

White House, September 23, 1859.

To relieve the monotony of pathological detail, indulge me in a little physiological gossip.

I was called some few weeks since to visit an old maiden lady of the name of Williams. After having prescribed for her, my attention was directed particularly towards her mother, who sat before me in the room. I had long been acquainted with the old lady, and knew that she was over one hundred years of age. Curiosity to examine into the condition of the great life organs of this wonderfully and fearfully made machine at this advanced age, induced me to draw up my chair towards the old lady and enter into conversation with her. Her sight is imperfect, but her sense of hearing is tolerably good. From her general appearance, you would not take her to be much over eighty years of

age. She is rather thin in flesh; her face is pallid and deeply furrowed with wrinkles. She informed me that she was one hundred years and six motnhs old, wanting a few days, and that she had that day assisted in baking bread for the family. I knew myself that she had during many years, even up to the present date, performed all the churning for the family, consisting of a son aged about seventy-four years, the maiden daughter between sixty five and seventy, and herself.

I took hold of the old lady's arm and examined her pulse. I found its volume rather small, but the pulse was soft and unresisting, affording evidence that ossification had not yet produced embarrassment in the circulatory system. Her pulse beat eighty strokes in a minute, and without any intermissions in its pulsations. I should liked to have listened to the heart sounds through the stethoscope, but was fearful that the old lady would have considered me impertinent in proposing the thing. Think of the immense amount of blood which this central organ of the circulation has pumped, working day and night; beating its systole and diastole with the regularity of the pendulum, for more than a century, and yet has preserved its integrity! And probably several years may yet pass by "e're the silver cord shall be loosed, or the golden bowl be broken."

I requested the old lady to show me her tongue. It was very slightly furred, and rather too much pointed. I inquired into the condition of the digestive apparatus. The digestive powers are good, but not very strong; the old lady not unfrequently overtaxes them, and then kind nature steps in to her relief, and a gentle diarrhœa relieves her of the offending injesta. She is never troubled with constipation.

I grasped her arm but found much flaccidity of the muscular structure. Still her muscles are sufficient for considerable locomotion. The renal secretion is normal, and she but seldom is required to rise in the night to empty the vesica urinaria. She never lies in bed in the day-time, and is frequently awake during the night. She lies indifferently on her sides and back, and does not find one position preferable to another.

She has been the mother of six children; four of whom are living. A son aged seventy-six died six years ago. She has been a widow over sixty years. She has neven been sick or taken a dose of medicine except when she had the small pox. I have learned since that she takes Godfrey's cordial for her occasional attacks of diarrhœa; but I suppose that she does not consider her diarrhœa a disease, or the cordial a medicine.

The family on her side are noted for longevity. She had a brother who died some years since advanced in his ninetieth year, and an uncle who was in his hundredth year at the time of his death.

I have been acquainted with the old lady over forty years, and cannot find any impairment of her mental faculties; it is true these were by no means of a high order.

Your mother, I observed to her son, is an extraordinary person, but not so much so as Mr. Pickle who died a few years since on Fox Hill. I have been told that he could walk from his house to New Germantown, a distance of four miles and back again the same day. Yes, continued Mr. W., and when he was one hundred years old, could split one hundred rails in a day. I now remembered that I had before heard the same thing of this old man. I think that he lived to be one hundred and four or five years old. What is stated of the great muscular vigor of Mr. Pickle in extreme old age is the *vox populi*, whether the *vox veritatis*, I cannot say, I am however inclined to think it is.

Some years since I attended in the family of a Mr. Nitzer. This gentleman was in his hundredth year at the time of his decease; he wanted a few months of one hundred years. There was a most remarkable contrast between him and the old lady whose case I have given. Mr. Nitzer became corpulent some years before his death. His face, unlike Mrs. W.'s, was as plump as a child of six months old, *without a wrinkle, and very florid.* The old man was stone blind, but his hearing was not very much impaired. His appetite and digestion were good, and his mental powers not greatly impaired. He never was so unwell as to require medical aid, except once on account of an abscess in his groin. Upon account of the total loss of his sight he was confined to his bed the greatest part of his time. He had lost his hang of time, and turned day into night; he slept all day, and sang psalms all night. It is certainly an extraordinary circumstance that these three aged persons should have resided so near to each other. Mr. Pickle lived eight miles from White House, Mr. Nitzer five, and Mrs. Williams, two. W. J.

"But is this law?
Aye, marry is't; Crowner's quest law!"

GENTLEMEN:—I have repeatedly observed the phrases "found drowned," and "died from causes unknown," among many others equally as vague, reported in the newspapers, as expressing verdicts that were rendered by Coroner's inquests. And I am informed by those who are fully conversant with the subject, that the first of the phrases above referred to is in nearly every case equivalent to the declaration that a certain dead body has been *found in the water*, and the second, to a simple statement of the fact that the Coroner's jury found upon ex-

amination, that *the corpse*, submitted to its inquisition, *was* actually dead. Now, it has puzzled me not a little to discover in what manner the leading objects of medical as well as of criminal jurisprudence—the detection and prevention of crime—are to be subserved by such loose and ridiculous findings. Or why it is necessary to elect a public officer, with power to call upon the citizens to serve as jurors or to testify as witnesses, and at considerable expense to the county, in order that a fact may be solemnly declared, which was perfectly evident beforehand—namely, that a dead body had been found in or out of the water, and one which of itself can be of no possible value to any one however carefully it may be verified.

The extinction of life in a body found in the water may, or may not have been due to asphyxia from drowning. To determine the fact is the first duty of the Coroner's inquest; and if it determine it in the affirmative, its next duty is to ascertain, if possible, and by the most thorough and judiciously conducted investigation, whether the drowning was the result of accident, of a voluntary act on the part of deceased, or of criminal violence on the part of another. So, also, in respect to a body found dead under any circumstances, and any where, it is the province of the Coroner's inquest to ascertain from what cause death ensued, in what manner it was produced, and by whom; a province the proper fulfilment of which would preclude the possibility of the vague and insufficient verdicts to which we have just referred, being rendered. Verdicts which we cannot but feel surprised should satisfy, as they would appear to do, those who are entrusted with the administration of the criminal jurisprudence of our Commonwealth, more especially when it must be evident that their toleration will, by facilitating the escape of the guilty, give encouragement to crime. SENEX.

Medical News.

Legislative Absurdity.—When legislators attempt to do a favor for the medical profession, they usually combine so much ignorant prejukice with their kindness, as to invalidate the intended benefits. The *Boston Journal* says that the Legislature of the State of Maine has recently granted one-half township of land to the Maine Medical School, to be applied "to the promotion of the sciences of anatomy and surgery." "The absurdity and inconsistency of the Maine Legislature have already been exposed by us. There is no law in that State legalizing practical anatomy, yet a surgeon, ignorant of it, may become liable for malpractice; and now the climax of contradiction is accomplished by the resolve under consideration, which grants half a township of land towards the support of the sciences of anatomy and surgery! It is a crime to dissect; it is a crime not to know what can only be learned by dissection; the government grants support to a professorship of anatomy and surgery, and thus aids and abets the dissection of human bodies, which by another law is a crime!"

The "Cure" for Consumption,—The Medical and Literary Weekly says, in an editorial article on consumption:—"*Consumption can be cured.* What a glorious announcement! What an achievement of science! From one extent of the civilized world to the other, should be hailed with joy, this victory of science over the most dreaded disease that ever blighted ambition's fair future." Yet, instead of heralding the delightful news in the next paragraph as to *how* it is done, he suddenly collapses, and leaves our only hope for the cure in the following opinion—"We believe Atlanta to be prominent among the best localities for the consumptive's home."

Public Urinals are to be established in Boston. They are to be erected in different sections of the city, and will be a great public convenience, beside the sanitary effect and the abatement of many nuisances which are the result of the want of proper places to resort to.

The same necessity which renders public urinals desirable in Boston exists equally in every other crowded city, and the example is well worthy of imitation in this city.

Isinglass Plaster.—Mr. Shivers, of this city, who has been for a long time the manufacturer of the best adhesive plaster, has recently effected an improvement in the quality of the isinglass plaster, which will bring the article into very general use. It is superior in adhesive qualities to any heretofore made, and its unirritating properties make it indispensable in many instances, where the ordinary adhesive plaster is inapplicable. Address him, at the corner of Seventh and Spruce streets.

Dr. Morris J. Asch, of this city, has a meerschaum which formerly belonged to the King of Prussia, and was colored in a most effectual manner. Its royal owner caused it to be smoked by a whole regiment of soldiers, until it was as black as anthracite, one man passing it to his comrade as soon as he had enjoyed it sufficiently himself.

Fossils of a Future Geologic Period.—When Lieut. Berryman was sounding the ocean, preparatory to laying the Atlantic Telegraph, the quill at the end of the sounding-line brought up a mud which, on being dried, became a powder so fine that, on rubbing it between the thumb and finger, it disappeared in the crevices of the skin. On placing this dust under the microscope, it was discerned to consist of millions of perfect shells, each of which had been the abode of a living animal. These have been sinking down through the water to the bottom, and will no doubt form, in the course of ages, an extensive range of either silicious or limestone rock. The process is similar to the one by which stratafied rocks were formed in ancient geologic periods.

Dr. Boynton commenced, last Monday evening, at the Cooper Institute, a course of eight lectures on geology. They have been warmly praised in Boston, and wherever else they have been heard. He lectured in this city last winter, to very large audiences, and will probably resume his instructive course this winter.

A New Epidemic.—The New Orleans *Delta* says, there is an epidemic of suicide prevailing in that city, and that scarcely a day passes in which some successful or unsuccessful attempt is not made to commit the rash act.

"*The Dental Cosmos*" is a title not liked by the *London Lancet*. It says,—

"We should, *a priori*, have expected that a 'Dental Cosmos' would have enlightened us by learned geological disquisitions,—perhaps informing us of the age of the world from the teeth found in its *alveoli*, or caverns; or else that we should have it pointing out to us metaphorically how the teeth of time, that *edox rerum*, destroy everything in the universe sooner or later."

We consider the title particularly appropriate for an American journal of dentistry. In every department of dentistry our countrymen have certainly led the rest of the world, and they are entitled to give to their representative journal a cosmopolitan name.

The Annual Dinner of the Surgical Society of Paris, the *Med. Times and Gaz.* says, will be dispensed with this year, and the fund donated to the wounded of the army of Italy.

The Ladies' National Sanitary Association, the objects of which we recently stated, is becoming popular and spreading its branches in the principal cities of Great Britain. The *English Womans' Journal*, the organ of the society, gives an account of its last meeting.

The American Stock Journal is edited, in its Veterinary Department, by Dr. G. H. Dadd, a well-known writer on Veterinary subjects, and formerly editor of the *American Veterinary Journal.*

"*Save him from his friends.*"—The *American Med. Gazette* and its editor, Dr. Reese, of McClintock-and-Marsh's-patent-truss-notoriety, are alluded to, in the following ironical manner, by their quasi friend of the Nashville *Journal:*—"Perhaps no other is just as fearless as he always is; his judgment is ripe, and *prejudices have no weight with him.* The Gazette has the merit, too, of being *unbiased in its opinions.* It is the organ of *no clique* or school, but the private property of one physician and *gentleman*, (?) seeking to benefit and help his fellows."

Dr. A. K. Gardner, of New York, is preparing an edition of Scanzoni's Diseases of the Sexual Organs of Women, for the press. . . . A Mrs. Prescott Lawrence, of Winhall, Vt., died a few days since of consumption, and as a number of the family had previously died of the same disease, the family went through the superstitious farce of burning the lungs, heart and liver of the deceased, to prevent any more from dying of the same disease. . . . . A new edition of Tyler Smith's work on Obstetrics has just been issued from the press.

To Correspondents.

E. G. H., Washington.—Malgaigne's Treatise on Dislocations has not been translated. His work is in two volumes, on Fractures and Dislocations. The first volume, which is on Fractures, has been translated by Dr. Packard, and published by Lippincott & Co.

T. S., Tenn.—Aiding the expulsive efforts of the uterus in lingering labor, by pressure with the hands on the surface of the abdomen, has been practiced. Dr. Schrack, of Montgomery county, Pa., has given some attention to the subject.

Dr. D. H., Penna.—The silver wire and a needle have been forwarded to you by mail.

COMMUNICATIONS RECEIVED.—*Dist. Col.*, Dr. H. Lindsly; *Geo.*, Dr. J. M. Blacksheare, (with enclosure;) *Ill.*, Dr. J. M. Mack; Dr. E. A. D'Arcey; *La.*, Dr. T. C. Ward, (with encl.;) *Miss.*, Dr. W. Spillman; (with encl.;) *Md.*, Dr. R. E. Bromwell, (with encl.;) *Mass.*, Dr. Lewis H. Bodman; A. Williams & Co.; *N. Jersey*, Dr. D. M. Stout, (with encl.;) Dr. R. M. Cooper, (with encl.;) *New York*, Dr. C. G. Bacon, (with encl.;) Tilden & Co.; Dr. W. C. Ro-

berts, Dr. L. Bauer, Mr. C. W. Polman, Dr. S. Dodge, (with encl,) Dr. J. Parmely; *Penn'a.*, Dr. B. D. F. Baird, (with encl,) Dr. E. L. Orth, (with encl.,) Dr. James King, (with encl.,) Dr. John Feay, (with encl.,) Dr. J. A. Wolf, Dr. A. G. Walter: *R. I.*, Dr. E. M. Snow; *S. C.*, Dr. J. Dickson Bruns.; *Va.*, Dr. W. H. Triplett. Dr. M. M. Lewis, (with encl.)

Office Fayments, Dr. Ira Day, Dr. S. S. Brooks, Phila. Hospital.

MARRIAGES.

INGRAHAM—COLEMAN—In New York, October 7th, by Rev. Mr. Haven, Dr. T. M. Ingraham, of Brooklyn, to Anna E., daughter of George Coleman, of New York.

MACGILL—MCENDREE—In Shepherdstown, Va., 27th ult., by the Rev. Henry Edwards, Dr. Charles G. W. Macgill to Louisa T., eldest daughter of John H. McEndree, Esq.

NEALE—PAINTER—At Kittanning, Pa., 27th ultimo, by Rev. William Hilton, Mr. John P. Painter to Miss Rebecca B., daughter of the late Dr. S. S. Neale, all of Kittanning.

PAGE—BISPHAM—On the 6th instant, by the Rev. William Suddards, Dr. Edward A. Page to Josephine A., daughter of the late Joseph Bispham, of Philadelphia.

PICKING—TAYLOR—At Baltimore, on the 4th instant, by Rev. Dr. McCron, Dr. C S. Picking to Miss Margaret A. Taylor, all of York county, Pa.

POST—MITCHELL—In New York, on Wednesday, October 5, by Rev. Joel Parker, D. D., Rev. Arthur Mitchell, of Richmond, Va., to Harriet Edith, daughter of Dr. Alfred C. Post, of New York.

PROCTOR—SKIDMORE—On Tuesday, the 4th inst., at Locust Grove, Charlotte county, Va., by the Rev. David S. Doggett, D. D., Dr. Thomas A. Proctor, of Petersburg, Va., to Miss Maggie B., only daughter of the Rev. Lewis Skidmore, deceased.

DEATHS.

CHASE—In this city, Oct. 7th, Dr. James William Chase, son of John G. and Caroline R. Chase, in the 22d year of his age.

HOWELL—In this city, on the 7th instant, Doctor George Hocker Howell, U. S. Navy, aged 34 years.

IRLAND—In Orcapolis, Nebraska Territory, September 9th, of congestion of the lungs, Dr. Wm. Penn Irland, aged 46 years. Dr. Irland was born near Milton, Northumberland county, Pa. He was a graduate of Jefferson Medical College, practiced medicine for a time in Philadelphia, afterwards in Bedford, Pa., and more recently in Fairfield, Iowa, of which he was a citizen at the time of his death, and where his family still reside.

NUTTALL—The *London Atheneum* records the death, on Sept. 10th, of Dr. Thomas Nuttall, at his residence, Nutgrove, St. Helens', Lancashire, at the age of 73. He was born in Yorkshire, brought up a printer, and emigrated to the United States in the latter part of the last century. He devoted his leisure time to the study of Botany and Geology, published the "Genera of North American Plants," "The Birds of the United States," and other works. He traveled in California, and published several papers on the shells and plants of that region. Dr. Nuttall returned to England, living at Nutgrove, an estate which was left to him on condition that he should reside on it.

PRACTICAL COURSE ON THE DISEASES OF THE LUNGS AND HEART.

DR. DA COSTA will commence his next practical course on the Diseases of the Chest on Thursday, October 20th.

The object of this course is to furnish graduates and students of medicine with an opportunity of becoming practically acquainted with the methods of Physical Diagnosis, and especially in their relation to *Thoracic Diseases.*

The course continues about ten weeks, and includes a series of Lectures and Clinical Demonstrations.

The Lectures are fully illustrated by *Preparations, Models and Drawings.*

The clinical meetings are held twice a week. Numerous patients are introduced to familiarize the student with the Physical Signs of Thoracic Diseases, and as the course advances he has patients assigned him, is obliged to form his own diagnosis, state the reasons for arriving at his conclusions, and indicate the treatment.

212 *South Eleventh street, below Walnut.* 155

OFFICE INSTRUCTION.

S. W. GROSS, M. D.,

Southeast corner of Eleventh and Walnut streets.

MORRIS J. ASCH, M. D.,

417 Spruce street.

ROOMS—*In the rear of Jefferson Medical College.*

Examinations are held daily in all the branches taught in the Jefferson Medical College, commencing on the 23d of October. Near the close of the session a review of the entire course is given. The examinations are fully illustrated by surgical and Anatomical Preparations, a Cabinet of Materia Medica, etc.

Exercise will also be given in writing prescriptions. 156

LECTURES ON CHEMISTRY.

DR. ASCH

Will deliver a Course of Lectures on

MEDICAL CHEMISTRY,

Commencing about November 1st and continuing throughout the Session.

The Course will comprehend Chemistry in all its relations to Medicine, Pathology and Toxicology. *Urinary Deposits* and *Organic Chemistry* will be fully considered and illustrated by experiments and the Microscope.

The Lectures will be delivered in the Lecture Room of Drs. ASCH and GROSS, in the rear of Jefferson College.

FEE, $15.

Apply to DR. MORRIS J. ASCH,
No. 417 Spruce street.
Or at the Clinic of the Jefferson College.

Philadelphia, September, 1859. 156

ATLANTA MEDICAL COLLEGE.

PREPARATORY COURSE.

IN addition to the regular Summer Course of Lectures, which opens on the first Monday in May, a preparatory course of instruction has been established by the Faculty.

The second session of the Preparatory or Winter Course will commence on the first Monday in November next, and continue until the last of the following February.

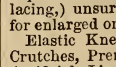
Lectures will be given daily by the Professors of the College, with examinations, dissections, and clinical instruction, as in the regular Summer Course of Lectures.

This Preparatory Course will not count as a full course in the requisites for graduation, neither is it obligatory on a student in order to be admitted to examination at the end of of the regular Summer Course.

The fees for the Course amount to *fifty dollars*, which amount will be deducted from the fees of the ensuing Regular Course.

For Further information, address
J. G. WESTMORELAND, Dean.

Atlanta, Ga., Sept. 16, 1859. 153



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ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

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ORIGINAL DRAWINGS, PHOTOGRAPHS, DIAGRAMS, MODELS AND CASTS.

THE undersigned, who has been eleven years in the anatomical business, and during that time has been honored by the patronage of most of the eminent physicians and surgeons in the United States, respectfully informs the profession that he is prepared to attend to all orders on the following subjects:

He will prepare any dissection required, or make any preparations, either wet or dry.

PATHOLOGICAL SPECIMENS entrusted to his care will be carefully freed from all extraneous tissue, and the anatomical points in connection with the diseased structure clearly defined. The specimens will be properly bottled or mounted, and sent to any part of the United States.

SKELETONS OR DISEASED BONES prepared and mounted.

ORIGINAL DRAWINGS from any anatomical or pathological specimen will be correctly and promptly made, and engravings of any description or number, from a simple wood-cut to the issuing of the most elaborate work, in any style of art.

DIAGRAMS on any subject will be supplied. The works from which they are to be taken need only be sent, or a proper description given.

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He will be happy to supply the FACULTIES OF MEDICAL COLLEGES with every description of PREPARATION OR ILLUSTRATION FOR MEDICAL TEACHING, or the establishing of a museum.

He will be ready to repair any injured preparation, to put in order any museum, and will attend to the SALE OF ANY COLLECTION entrusted to him.

All communications and packages by mail or otherwise promptly attended to. HENRY A. DANIELS, M. D.
768 Florida street, Philadelphia.

REFERENCES.

JOSEPH PANCOAST, M. D., Professor of Anatomy at the Jefferson Medical College, and Surgeon to the Pennsylvania Hospital.

D. HAYES AGNEW, M.D., Lecturer on Anatomy, and Surgeon to Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital.

Also to the EDITORS OF THIS JOURNAL. 155

PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

SESSION 1859-60.

FACULTY.

T. L. BUCKINGHAM, D.D.S.
Professor of Chemistry and Metallurgy.

J. H. McQUILLEN, D.D.S.
Professor of Anatomy and Physiology.

WILLIAM CALVERT, D D.S.
Professor of Mechanical Dentistry.

J. L. SUESSEROTT, D.D.S.
Professor of the Principles of Dental Surgery and Therapeutics.

C. N. PIERCE, D.D.S.
Professor of Dental Physiology and Operative Dentistry.

D. H. GOODWILLIE, D.D.S.
Demonstrator of Operative Dentistry.

J. J. GRIFFITH, D.D.S.
Demonstrator of Mechanical Dentistry.

The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

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of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

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Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

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Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D,, Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., rofessor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D. " " "
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P. B. Goddard, M. D. 118

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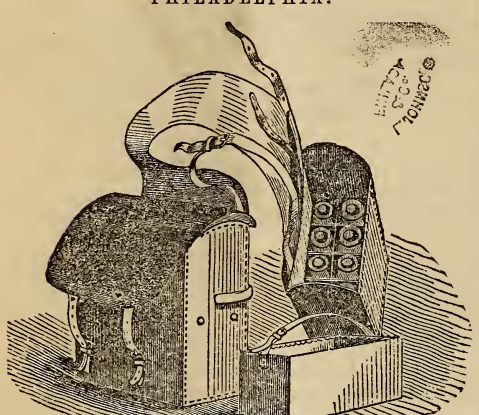

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" " 1 Mortar, " " $19 00
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" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
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No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
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No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" " 4 Pots, " " $13 00

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THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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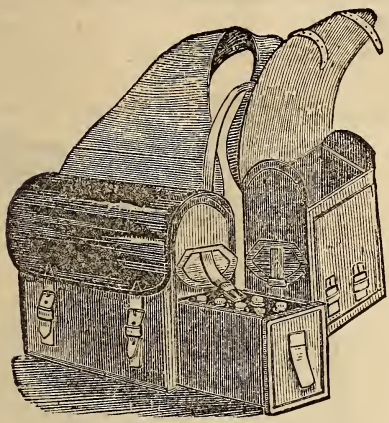

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	No. 4, cont. 24 Ground Stopper Bottles,	$10 50
	Extra, with pockets,	11 50
	Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext.	No. 8, with pocket,	10 50
A.	" 8, containing 24 1 oz. Fluted Vials,	8 75
	No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

	No. 12, cont. 28 1 oz. Ground Stopper Bottles,	$11 50
	" 7, " 24 1 oz. " "	10 50
	" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
	"6 & 11" 20 1 oz. " "	9 50
Ext.	" 11, " 20 1 oz. " " with pockets,	10 25
A.	" 11, " 24 1 oz. Fluted Prescription Vials,	8 75
	" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 13, " 20 1 oz. Fluted Prescription Vials,	7 75

Flat Pattern, with Pockets.

	No. 1, cont. 24 Ground Stopper Bottles,	$10 00
	" 2, " 20 " "	8 50
	" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1,	containing 44	Ground Stopper Bottles,	4 pots,		$18 00
No. 2,	" 56	"	" 4	"	19 00
No. 3,	" 48	"	" 4	"	17 50
No. 4,	" 37	"	" 4	"	13 50
No. 5,	" 32	"	" 4	"	12 50
No. 6,	" 27	"	" 4	"	10 50
No. 7,	" 20	"	"		8 50
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Mahogany Medicine Chests. Wing Pattern, with brass mountings, and superior finish.

Pocket Cases for Physicians.

No. 1,	containing 18	Vials,	$1 50
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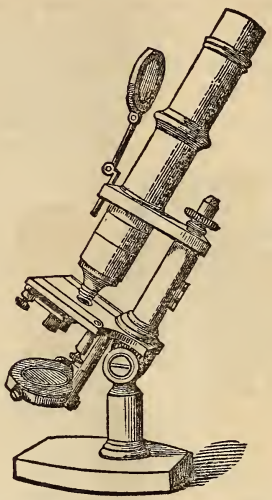

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SESSION OF 1859-60.

FACULTY.

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HENRY HARTSHORNE, M D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEMBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.
THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

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Matriculation (paid once only)	$ 5 00
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FINE MEDICAL SADDLE BAGS.

The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

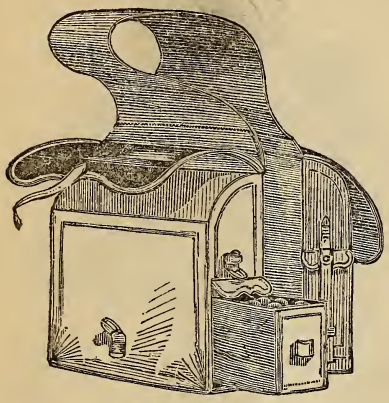

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$11.00
" "	20	"	10.00
" "	16	"	9.00

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
" "	28	"	11.00

PILLS OF THE U. S. PHARMACOPŒIA COATED WITH SUGAR,

EMBRACING, AMONG OTHERS,

Pil. Cath. Comp.:
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Pil. Assafœt. Comp.:
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Pil. Ferri Comp.:
Pil. Opii.:
Pil. Hydrarg.:
Pil. Calomel
Pil. Calomel Comp., (Plummer's:)
Pil. Copaibæ:
Pil. Aloes:
Pil. Ferri Carb., (Vallet't)
Pil. Stomachicæ, (Lady Webster's:)
Hooper's Female Pills:
Pil. Quin. Sulph., 1 gr.:
&c.

GRANULES of Morphia, Strychnia, Atropia, Digitaline, Arsenious Acid, Elaterium, and other concentrated Medicines.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

ANATOMICAL PREPARATIONS.

Auzoux's celebrated Preparations in Papier Mache imported to order.

Electro-Magnetic Machines, for Medical Purposes.

Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution.

ESTIMATES OF OUTFITS for Physicians commencing Practice, to cost $50 and $100.

No 190,1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 157. PHILADELPHIA, OCTOBER 22, 1859. NEW SERIES, VOL. III. NO. 4.

ORIGINAL DEPARTMENT.

Communications.

Medical Education.

No. 4.

Much has been said and written in reference to the nature and extent of the *preliminary education* that should be required of such as are about to enter upon the study of medicine. The question, it seems to us, is an extremely plain one, and one that can admit of but a single answer. Medicine is pre-eminently a liberal science, the extensive orbit of which, as it has been remarked, and with scarcely a shade of exaggeration, embraces within its sweep some portion of almost every other science. Hence, every one must clearly perceive that, the more fully cultivated are the intellectual faculties, and the more richly stored with literature and with general science and information is the mind of an individual, the better prepared will he be to become a successful student of medicine. In requiring, therefore, as a prerequisite in those who are about to engage in such study a liberal classical, literary, and scientific education, we cannot be considered, certainly, as demanding more than would be desirable, could the demand be successfully enforced, and for this it would only require that the members of our profession, together with the several medical faculties throughout our country, should agree to make the presentation of satisfactory evidence of the possession of a sufficient degree of preliminary education an essential prerequisite on the part of all who would enter their offices or matriculate in their schools as students; firmly rejecting every one who is unable to present such evidence.

So far as we are able to see, however, the mooted point, at present, is not the value of adequate preliminary education in those who are about to engage in the study of medicine. This is very generally conceded. But the question is rather, what is the lowest amount of preliminary education that may be accounted adequate, or, in other words, the lowest amount that will suffice to enable an individual to commence the study of medicine with profit?

Under this view of the subject, a most humiliating one, it is true; and one, at the same time, which is calculated much more to reduce the standard of professional attainments and of professional competency, than to benefit any one, we shall be called upon, of course, to omit from our scheme of education for the medical student, all acquaintance with the dead languages. It must be confessed, that no one of these languages is *absolutely necessary* for the acquisition of medical knowledge or as a foundation for professional skill, however absurd it would seem to be to require the physician to employ daily a Greek and Latin terminology, and to write, almost hourly, prescriptions in Latin, with an entire ignorance of even the grammatical construction of the languages he thus makes use of. For, in relinquishing a knowledge of the dead languages as an acquirement preliminary to the study of medicine, we insist upon this relinquishment being full and complete. We can never be induced to admit as of any value to either student or practitioner, the "some acquaintance with Latin," that has been supposed sufficient for those about to enter upon the study of medicine.

Mathematics, though useful, must be included in the same category with the dead languages, as not being an essential preliminary

especially the higher branches of them, to the profitable study of medicine.

Beyond these curtailments of preliminary education in the medical student, we can scarcely proceed, with propriety, a single step. Of his own language, a very full and critical knowledge should, certainly, be required on the part of the physician. He is called upon by every principal of duty and of right, to record his professional observations, and to communicate these in such form and manner, as shall most benefit his medical brethren, and through them, the community at large. To do this effectually, the facts and principles embraced in all his communications must be couched in accurate, and at the same time, clear and precise language; as well to prevent their being misconceived as to recommend them to the favorable notice of every inquirer after professional truth. Such accuracy, precision, and clearness of style cannot be attained without a sufficient acquaintance with the genius, construction and rules of composition, and some practice in the use of the language in which the physician is called upon to write.

"While, however, a competent knowledge of, and facility in writing his native language is essential to every medical man, still, if his acquaintance with language extend no further than this, he will find himself cut off from access to an important field for the acquisition of knowledge. Numerous valuable works in all the departments of medicine written in French and German, and still more numerous essays of equal value, crowding the pages of the French and German professional journals, remain, and ever will remain untranslated. All these are necessarily placed beyond the reach of such as have an acquaintance with no other language than their own. In view of the number and value of the works and essays just referred to, and the additions that are made to them every year, we can scarcely conceive that any physician of an inquiring mind, would rest contented without such an acquaintance with the languages in which they are written as shall give him free access to their contents.

So much for languages, familarity with which will be best acquired previously to entering upon the study of medicine. But important as is a knowledge of his native tongue and those of the nations of Continental Europe, by whom the science of medicine has been the most successfully cultivated, to the physician, such knowledge by no means comprises all that would seem to be necessary in order to fit an individual for the study of medicine as a science and the successful practice of it as an art. Without a somewhat intimate acquaintance with natural philosophy and natural history, in the widest signification of these terms, from mechanics onward to meteorology, geology, general astronomy, and the physical history of the earth's surface, it would be very difficult for the physician to arrive at any satisfactory conclusions as to the true etiology of the various endemic, epidemic and sporadic diseases which afflict the human race, or as to the means best adapted to diminish the frequency of their appearance, or, if it be possible, to prevent entirely, their occurrence.

The more extended and complete the general scientific education of him who enters upon the study of medicine, the better prepared will he be to render himself familiar with its theory and its practice, the greater will be his aptitude to acquire the proper skill for the detection, diagnosis, and cure of diseases, the greater will be his qualification to enlarge the boundaries of his profession, and to increase the certainty and efficiency of its preventive and curative means.

It will not do to urge, as an argument against the necessity of a high standard of education as a prerequisite for the profitable study of medicine, and for the acquisition of a due degree of proficiency as a practitioner, the fact, that some few have succeeded in attaining a vast fund of medical knowledge, and have become eminent for their professional talents and skill, with but little, if any preliminary education, and with the possession, throughout their entire career, of scarcely any knowledge, beyond that of a strictly professional character. Instances such as this have however, been, confessedly of extremely rare

occurrence, and in no one of them has not the want of a literary and scientific education been evinced in many ways. Such of these illiterate and uninformed medical stars as have favored us with a confession, deplore, in bitter terms their defective education, and place in bold relief the difficulties they in consequence, encountered at every step of their progress, whether as students or cultivators of medicine. Their example, when closely viewed, furnishes, therefore, but poor encouragement to those who would enter upon the study of medicine without the necessary educational prerequisites.

Excessive Epistaxis Arrested by Direct Pressure—Novel Method.

By E. A. D'Arcy, M. D.,
Of Jerseyville, Illinois.

In a recent number of the Reporter, Dr. W. H. Triplett, of Virginia, has given a fatal case of epistaxis, which induces me to report a case that occurred under my care.

O. W., aged 40, was somewhat reduced in flesh, from ague and fever, though by no means anæmic. He was taken on a Friday morning with somewhat profuse epistaxis, so much so that Dr. S. Ayres was called in, and attended him throughout the day without success. On Saturday morning Dr. W. Cole was called, and on Sunday morning I was called in consultation. I found the patient very much debilitated, anæmic, with great mental anxiety. I learned from his medical attendants what had been done, which was generally similar to the treatment in the case reported by Dr. Triplett.

Up to this time, I had never treated a case of epistaxis that would not yield to front and rear plugging; and, to own the truth, my faith in plugging was so strong, that I thought that my medical brethren had perhaps not plugged front and rear very thoroughly, and so I performed it again. I made a pile, of many thicknesses of muslin rags, through which, with an awl, I made a conical hole and passed through it a strong cord; then cut the pile into a cone, soaked the cone in melted beeswax, a little softened with oil, applied a retracting string to the bottom of the cone, in order to remove it when desired, and passed the strong cord through the nares, and forcibly pulled the cemented cone into the posterior nares. I then plugged the front with a similar plug, and to the satisfaction of us all, the hemorrhage ceased. The patient complained of cold extremities and chill—an ague was on him. However, we, or the ague had overcome the hemorrhage. When reaction came on, in about one hour, to our dismay, the blood passed both plugs. Here was a dilemma. The patient's mental distress, somewhat abated by the partial success, now became so great as to be painful to the bystanders.

The idea here struck me that I would endeavor to make direct pressure, and did so, by means of the intestine, such as is used in sausage making, introduced throughout the whole extent of the nostril, the posterior end being previously ligated. Water was then poured into the front end, and pressure made by forcing the water into the nostril. But another failure overtook us, as the intestine burst from the pressure.

I then determined to try something of more strength, and the suitableness of the œsophagus of a sheep in this case, came to my mind. A sheep was immediately killed, and the œsophagus removed. We properly introduced the œsophagus of the sheep, ligated it as in the previous attempt, and poured in the water. Then ligated the front end, pressed up the water by compressing the œsophagus with the hands until the pressure produced severe pain in the nares. The bleeding at once ceased—we were completely successful. The pressure gradually lessened by the accommodation of the parts, and the pain subsided. The pressure needed no renewal, and the œsophagus was removed on the second day, without hemorrhage. Recovery was slow, but complete.

Dr. Winewood reports in the *Cleveland Medical Gazette*, the successful treatment of ozena, by snuffing a powder of the root of the Polygala Senega.

The Queen of Portugal died of diphtheria.

Biography.

BIOGRAPHICAL SKETCH OF JOHN BOWNE, M. D.

(Late member of the District Medical Society for the county of Hunterdon, N. J.)[1]

By JOHN BLANE, M. D.,
Of Perryville, N. J.

The subject of this sketch was born September 2d, 1767, on a farm near the village of Freehold, in Monmouth County, New Jersey. The place of his birth was afterwards the scene of one of the most sanguinary struggles of the Revolution, known in history as "the Battle of Monmouth." This battle was fought, as most readers are aware, on Sunday, 28th June, 1777, and as was common in those times, the Tories and all who adhered to the royal cause were emboldened at the near approach of the royal army, to such a degree, that Whigs and all who took part with their country in the cause of freedom, were in danger of their lives. This was particularly the case with the family of the subject of this sketch. His father was a zealous Whig, and actively engaged in the militia of the county, and had just returned home, laboring under a severe turn of intermittent fever. They were so harrassed that it became necessary to leave their house, on Thursday previous to the battle, and take refuge in a woods at some distance, in which place they continued until the following Tuesday. Their home in the mean time was visited as often as prudence would permit, by a faithful slave, who conveyed such necessaries as he was able to collect, to his sick and suffering master and family.

On the following Tuesday the family returned to their desolated home, and the scenes which they there witnessed, made such an impression on the mind of young Bowne, that more than eighty years afterward, they were described by him with a vividness and clearness, far outstripping any history extant—a good demonstration that "early impressions are the most lasting." When his memory failed in regard to recent events, he still remembered and recounted the scenes of the battle of Monmouth.

His preparatory studies were prosecuted in the Academy of Freehold, from which he received a diploma certifying to his proficiency in the "Greek and Latin languages and the Arts and Sciences usually taught in colleges," signed by John Woodhull, D. D., and other officers of the institution.

We next find him a student of medicine in the office of Doctor Moses Scott, in the city of New Brunswick, and at the same time a member of the Federal Society of that place. In the fall of 1790, he became a student of Dr. William Shippen, in Philadelphia. In 1791, the two medical schools then in existence in that city graduated six, namely: the College of Philadelphia, five, and the University, one. It is certain he was not a graduate of the University, and the writer has no means of ascertaining whether he was one of the five who received the honors of the Philadelphia College of Medicine. His being a student of Doctor Shippen, and the Doctor holding the professorships of "Anatomy, Surgery and Midwifery" in both schools, would seem to favor the idea that he may have been one of them. Or it may have been, as declared by the "records of the school, that comparatively few of the graduates ever applied for the Doctor's Degree, as the possession of a medical degree was at that time deemed much less essential to success in practice than at present, and many availed themselves of the opportunity of acquiring professional knowledge afforded by the lectures, who were indisposed to comply with all the conditions requisite for obtaining the honors of the institution." Be that as it may, the "Medical Society of New Jersey" conferred on him the degree of Doctor of Medicine at its annual meeting in 1850. The certificate of his examination and qualification to practice medicine and surgery in the State of New Jersey was granted at Burlington, 3d August, 1791, by Doctors John Abm. De Normandie, and Francis Bowes Sayre, (who at that time was the recording secretary of the Medical Society of New Jersey,) appointed by the Justices of the Supreme Court to take the exami-

[1] Written agreeably to, and at the request of said Society, by a resolution to that effect, passed at its semi annual meeting, at Flemington, 26th October, 1858.

nation, and the license and certificate to that effect granted and signed the same day by James Kinsey and Isaac Smith, Justices of the Supreme Court of the State of New Jersey, agreeably to the laws of the State. He was a member of the Cliosophic Society of the College of New Jersey.

Dr. Bowne moved into Hunterdon county and commenced the practice of his profession in the fall of 1791. He resided at Prallsville until the spring of 1795, when he removed and settled in the neighborhood of Ringoes. He married Miss Corle, who lived on an adjoining farm. She was born in 1770, and died in 1856, leaving but one child, a son, J. G Bowne, Esq., now occupying the homestead where the family has resided nearly two-thirds of a century. Doctor Bowne was actively engaged in the duties of the profession more than sixty years, doing a very extensive business. His practice at an early day extended from Well's Falls to Bull's Island, on the Delaware, with a corresponding width into Pennsylvania and New Jersey. (The incorporated borough of Lambertville at that time was not in existence, there being nothing at that place but a tavern and ferry.) In fact there are now more than twenty physicians, each doing a respectable business, on the ground once occupied and rode over by Doctor Bowne, and on which at the time there was but one other physician.

He was a member of the Presbyterian Church at Mount Airy, and for more than fifty years a ruling elder, during the ministry of the Reverend Messrs. Grant, Kirkpatrick, and Osmond. He died the fourth day of November, 1857, on the farm on which he had resided nearly sixty-two years.

Doctor Bowne possessed a vigorous constitution, rode mostly on horse-back, and when we consider the scarcity of roads and the condition of the few in use in the early part of his practice, together with the extent of his riding, we are astonished at his powers of endurance. Besides his practice he superintended and conducted the affairs of his farm, and that equally as well as the practical farmers in the vicinity. He was proverbially noted for his punctuality and business habits, and was a regular attendant of the meetings of the District Medical Society for the county of Hunterdon. The writer well remembers the last time he was at the meeting of the Society. The hour of meeting passed, and another hour transpired without a quorum being present, when Doctor Bowne ordered his horse, and said he would "not wait for a society that was so tardy. Physicians, of all others, ought to set an example of punctuality, and that until he could hear of their meeting more regularly and at the appointed hour, he would not attempt to attend." This was not long before his death, and as before stated, proved to be his last attendance on the society.

He was conservative in practice, never leaving a plain old road for a new track, however much it might at first promise—and yet whenever any new thing was proven to be of use in the profession he most willingly adopted it. Before vaccination came into practice he advocated and practiced innoculating for smallpox, as lessening the severity and danger of the disease, and was very successful. He informed me he had three hundred patients with the innoculated smallpox at one time. The custom in those days was to select a certain house as a smallpox hospital in each neighborhood, one where the heads of the family and those who were to nurse the sick had had the disease, and the children after a preparatory course at home, were assembled in these several places, and innoculated for the smallpox and remain there until well. The plan was eminently successful. But when vaccination was discovered and proved successful he at once adopted it, and putting his vaccinated patients to the severest tests, proved clearly the superiority of vaccination over innoculation. He remained a firm believer in the protective power of vaccination if properly performed and the system fully imbued with the affection.

He was very cheerful, fond of anecdote, and quick in reply, possessing that kind of temperament that rendered labor light. Business and duty with him were not hardships, and this no doubt had a tendency to prolong life. It is related of him that on a certain occasion a person rather posingly asked him why people

took the measles, smallpox, &c., but once. He quickly replied "if you will tell me why they take them *once* I will tell you why they take them *but* once."

When Doctor Bowne died he had the reputation of being one of the wealthiest men in the county, and yet I never heard a complaint among all his numerous patients, that he had charged extravagantly, or enforced the collection of a bill by distressing any one in the payment of it. In this respect he was very much missed by the poor.

He lived in eventful times, both political and medical; he was warmly attached to the institutions and liberty of our country, and did not hesitate on all suitable occasions to make his opinions known, and sustain his positions with argument intersperced with the wit and humor for which he was noted, at the same time never descending to the vulgar, or in any way bringing reproach on the Christian cause to which he was so warmly attached, and to which so early in life he dedicated himself.

It was during the last year of his pupilage, namely, in June, 1790, that the Medical Society of New Jersey, the oldest one in the Union, was incorporated. When he attended medical lectures there were, as before stated, two schools in Philadelphia, and they the only ones in America. They were merged in 1790, (?) into the medical department of the University of Pennsylvania, which is the oldest school of medicine on the continent of America. He lived to see the rise and fall of many schools, and there were nearly forty in existence at the time of his decease. There are very few of the present race of practitioners of medicine who have any idea of the deprivations and inconveniences experienced but a few years ago by those entering the profession, or the hardships which attended the practice—which instead of discouraging and breaking them down, had the effect of producing a spirit of self reliance and a determination to support the dignity of the profession, (without the aid of written codes of Ethics, each one carrying a code in his own breast) which would well become the members of the profession at the present time.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

OCT. 8TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Jaundice—Acute form.—This patient, usually a healthy, vigorous subject, 53 years of age, has been in the house a week. Ten days ago, he was at work some distance up the Schuylkill river, in a malarial locality After exposure to a prolonged wetting, he was attacked, on the 28th of last month, with epigastric pain, fever, repeated vomiting of greenish and yellowish liquid, headache, and marked debility. He entered the house on the 1st of October He was then laboring under considerable fever, had occasional vomiting, and complained of moderate, not violent, pain in the epigastric region, and had evident tenderness, on pressure, in the same region. Jaundice was even then beginning, but it had not reached the degree you now observe. His tongue was dryish, heavily furred, and his bowels were constipated. There was some enlargement of the liver, as this organ was found, upon percussion, to extend somewhat below the right margin of the thorax. He was confined rigidly to bed, and was ordered two grains of blue pill and rhubarb each, every two hours, until the bowels should be well evacuated. The diet to be arrow-root gruel.

On the next day, as the bowels had become too loose, the rhubarb was withdrawn, and a ¼ of a grain of opium substituted, and he was ordered two grains of quinine four times a day.

The jaundice became deeper and deeper, until the whole surface was of a rich yellow color, and the conjunctiva even very deeply tinted. The fæces were light colored; the urine was strongly tinged with bile. On the 6th October, he was attacked with troublesome hiccup; his tongue was dryish: he complained of weakness, and the pulse lost force, and ran over 100. The blue pill was now given in doses of one grain every four hours; the quinine was continued; a small blister was applied over the epigastrium, and in view of the prostration which had supervened, he was ordered a wineglassful of wine-whey every four hours, and half an ounce of whiskey every three hours, until the pulse rose. The whiskey was given because we found that he had been in the habit of drinking rather freely. Small quantities of chicken-tea also were prescribed at occasional intervals.

To-day, his abdomen is soft and supple. The left hypocondriac region is clear on percussion, and the right more so than it was, showing that the liver is somewhat diminished in size. The skin, as you can see, is of a deep yellow color, as are also the eyes. The coloring matters of the bile, the

biliverdin and bilifulvin, are contained in large excess in the blood. The hiccup continues from time to time. The pulse is 70, and now is of good volume and force. The vomiting has, in great measure, ceased. He has a little headache. The pupils are now, and have been all along, much contracted, in all probability, from the irritant action on the brain, of the bile contained in the blood.

Cause.—This man has not had—I infer from the absence of violent pain—gall-stones. The attack is one, we have every reason to suppose, of congestion of the liver, and consequent suppression of its function, from the action upon the organ of the malarial poison. It is well known that certain miasms give rise to jaundice,—and particularly those which produce autumnal fever and yellow fever. The precise mode of action of the autumnal fever poison is unknown. The effect of the yellow fever poison is now well known to give rise to a fatty alteration of the liver. I have of late supposed it possible that the action of the autumnal miasm upon the liver might be analogous to that supposed by Dr. Geo. Johnson to be exerted upon the kidneys by the effort of these organs to eliminate from the blood the poison of scarlet fever. This effort in the kidneys gives rise to congestion of the secreting portions of those glands, in impeded circulation, and a consequent retention of urea in the blood. I have asked myself, whether something of the same kind may not take place in regard to the liver in autumnal and yellow fever. This is, to be sure, the merest hypothesis, and could only be shown to be founded in fact, by a patient microscopic study of the organ as affected by those diseases. But hypothesis has its proper place in medicine as in other sciences, and may at least point the way toward which our observations should tend.

He took yesterday a Seidlitz powder, which operated slightly, the stools being still too light colored. He is to continue the blue pill and the quinine. The whiskey is given occasionally, as he may seem to require it.

Rheumatic Fever, with Cardiac Disease.—This patient, whom you have already seen, is 18 years old. He entered the hospital ten days ago, having been seized a week before, whilst at sea, with acute pain under the sternum, dyspnœa without cough, fever, and loss of strength, so that he had to give up work. He tells me that seven years ago he had a violent attack of rheumatism, which kept him twelve weeks in bed, and that since then he has had much shortness of breath at times, and palpitation, though he has done the work of a seaman for some time past.

When admitted into the house, he had acute rheumatism of both wrists and hands, severe fever, pain in the sternal region, and some quickness of breathing, though no marked dyspnœa. He had no cough; the tongue was furred but moist; the digestive organs presented nothing peculiar. On physical examination, the apex of the heart was found to be indistinct, and to be below and outside of the nipple. The impulse was indistinct and feeble. At these points the cardiac sounds were muffled and distant, and partially marked by a murmur, which increased greatly in intensity toward the sternum. Over the sternum, opposite the third and fourth cartilages, were heard a loud to-and-fro sound, the first portion of which was sterner and harsher than the second, whilst the second was deep in its tone and long-drawn. This was evidently a double murmur in the aortic orifice, as it was loudest over that opening, and was transmitted upward over the large vessels. It was also attended with distinct thrill in the carotids and sub-clavian, and even in the radial arteries. The dullness over the precordial region was much increased in extent. It extended from the third rib down to the sternum, and from the right edge of the sternum out to an inch beyond the left nipple.

The pulse is large and full and has the collapsing character of aortic regurgitation.

On examination of the back of the chest, you may observe that the percussion is clear over the whole of the right side, whilst on the left it is dull, from the inferior angle of the scapula downward. Auscultation reveals over the dull region strongly marked bronchial respiration of a sniffling tone. There is no râle. These signs are those of acute pleurisy, with fibrinous exudation. There is no pneumonia, for there is neither crepitation nor other râle, nor has there been any cough until a little last night. The right side expands well, and the respiratory murmur is healthy.

The skin perspires freely, and the cutaneous secretion has an acid smell, and a strongly acid reaction, as you may see from its marked and rapid effect of reddening the litmus paper, which I apply to the upper lip and forehead. The saliva also, which ought to be alkaline, is now strongly acid; for, you observe, the litmus paper laid upon the tongue is instantly reddened. The acid which produces these effects is generally thought to be the lactic. The presence of this acid in the blood is supposed, by some of the best modern observers, to be the proximate cause of rheumatism.

The case is, then, one of disease of the aortic valves, with dilated hypertrophy of the left ventricle, of old standing, with a recent severe attack of pericarditis with effusion.

Treatment.—At first acetate of potash, ℥i every four hours, with calomel gr. ss., and pulv. opii et ipecac. gr. iv. every four hours. The potash was

given, largely diluted, and the calomel and Dover's powder together. A blister, four inches square, was applied over the precordia, and absolute repose in bed enjoined, and a diet of arrow-root in milk allowed.

The improvement was very rapid, the pain and swelling of the joints having, in great measure, passed away, and the fever having subsided after four days. The remedies were then given only once in six hours.

Tussis Ferina.—This patient, a young woman, 18 years of age, has been in the hospital since the 10th of last July. You will notice that she is of large frame, in good flesh, not looking ill at all; but with a peculiar, startled, nervous expression of countenance. Her complexion is rather pale She tells us that she has been sick ever since she was 13 years old—that is to say, five years; that she had loud, ringing cough from the beginning, and, we mark this, that the cough could be heard a mile off; and observe, also, that she makes this statement as to the remarkable character of her cough, not with a distressed air, so much as with an air of expectation that it should excite in our minds wonder, if not admiration. This is the true hysterical character. She says that she has had spitting and vomiting of blood. Her appetite has been always poor, and she has been weak. Her cough is loud and frequent, so that it can be heard through all the wards of the hospital.

Dr. M. had examined her chest, and found a good, soft, healthy vesicular murmur. She never had had croup; she had now a little pharyngitis, but no ulceration or active inflammation, only a hypertrophy of the mucous follicles.

This was a case in which a great mistake in diagnosis might be made. He had advised country air and active exercise. It was not a case of tuberculosis, ulceration of the larynx, spasm of the glottis, or asthma. It was *tussis ferina*, or *clangosa*, a hysterical affection.

Prognosis.—She would recover; drugs would do but little good; iron alone might be productive of benefit. He had seen a case in which the patient coughed every fifteen seconds, from the time of awaking in the morning till night, a loud, ringing cough, which could be heard to a great distance. The patient entirely recovered by using ative exercise.

The cough must be dependent on some reflex irritation of the recurrent laryngeal nerve. It is, to some extent, under the influence of the patient's will, as it can be produced, you observe, for the asking. Give this patient a powerful motive, and the cough could be, I think, overcome in the course of a moderate length of time.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

OCTOBER 12TH.

Clinic of Dr. Gross.

Tumor of Testis.—The patient was a German laborer, 48 years of age, and a widower. The tumor had existed from his earliest recollection. It was now a source of pain and inconvenience; its weight must be 4 or 5 pounds. Its feeling was that of a solid body.

The question of its nature and character was a problem to be solved. Dr. G. had never examined it before, and was not prepared without investigation, to announce the diagnosis. It was not of a malignant nature, else long ago it would have destroyed life. It was not *hernia*, the tumor never disappeared. Was it *sarcocele?* It was possible, but not probable; had it been, the disease would probably have disappeared long ago. Was it a *fibrous* tumor? This was possible. Dr. G. had in his private collection such a tumor of the testis, weighing five pounds: he questioned if it were such in this instance.

Was it *hydrocele?* The tumor was solid, firm and dense. In a dark room by transmitted light its nature might be determined, but there was so great thickening that there would probably be no translucency. The tumor did not extend so high as hydrocele generally does, yet it might contain water: to determine this it would be necessary to introduce an exploring needle. Several punctures were made, and the tumor ascertained to contain a fluid, a stream of sero-purulent liquid followed the punctures in the upper portion of the tumor: it was partly solid, partly fluid. An operation was advisable, but was deferred for the convenience of the patient.

Necrosis of Femur.—The patient was a middle aged man. His right thigh was greatly shortened and thickened, and presented several openings upon the outside. He says that 3 years ago it was spontaneously fractured. It is reasonable to suppose that the bone was in a state of disease. It could be taken for granted that necrosis existed now. Whenever such openings as these—sunken, apparently connected with the bone, and having a teat-like bunch of granulations in the centre—existed over a track of bone, they denoted death of the bone or a portion of the bone. The probe here grates on bone denuded of periosteum. The only way to cure the patient was to cut down and liberate the diseased bone. A portion of dead bone, as minute as a pin's head, would keep up the irritation and retard the cure. Operation deferred.

Varus.—The operation of tenotomy was performed upon a child who presented this deformity

in a marked degree. Upon this occasion only the tendo-Achillis was divided, to remedy the elevation of the heel. The inversion of the foot was caused by contraction of the tibial muscles, one of which it might be necessary to divide to relieve the deformity.

In the gap caused by the division of the tendon, plastic matter would be thrown out, which would serve to unite the ends of the tendon, and in time would become organized into tissue analogous to tendon.

The heel was brought down at once into position by the operation, and an apparatus ordered to be worn by the child, made and adjusted by the cutler.

Coxalgia treated by Actual Cautery.—This lad was 8 years of age, and had been lame 6 months. There was a marked difference between the buttocks and thighs of the opposite sides; upon the diseased side the nates were flattened, and there was an obliteration of the ilio-femoral fold, at the junction of buttock and thigh.

These symptoms, with lameness and pain in the knee, were sufficient to establish a diagnosis. They were the characteristic phenomena of *coxalgia* in its early stages.

The disease was here incipient: there was inflammation of the synovial membrane, and probably of the cartilage encrusting the head of the femur and the acetabulum. The object was to establish a correct diagnosis as soon as possible, and apply remedies to the seat of the disease. Without enlarging further upon the nature and progress of the disease, he would add, that unless taken early under treatment it would end in deformity and loss of the limb. Motion was injurious to the joint. *Rest* absolute, unconditional, in the recumbent posture, was a sine qua non in the cure. The first thing to do was to subject the patient to absolute rest: he was not to get up for eating or drinking, nor to relieve his bowels or bladder. If this were enjoined and enforced upon the patient, he would be sure to get on well.

This boy was of healthy appearance; he should not be allowed any meat; he should have stale bread, and a mild alterative cathartic, the smallest quantity sufficient to keep his bowels open.

℞ Pilul. hydrarg., gr. ij.
Jalapæ, gr. v. M.

As a local application, an issue would be established by the hot iron directly over the affected joint. The object in establishing the issue was to afford an abundant discharge of pus for 9 or 10 months. The advantage of the issue made in this manner was, that the discharge was kept up for a longer time and to a greater extent than in the issue made by the knife.

The patient was thoroughly etherized, and the application of the cauterizing iron made sufficiently long to destroy the skin and a portion of the subcutaneous structure. The point selected was about on a level with and posterior to the great trochanter.

Cold applications would be made to-day to the eschar, to-morrow an emollient poultice would separate the eschar, leaving an issue two inches in diameter.

Inversion of Toe-nail.—This had been a source of excessive suffering to the patient for 5 weeks. It was proposed to perform a radical cure, by removing the offending portion of the nail with its matrix. Ether made this operation endurable, which, without it, was one of the most painful in surgery. An incision was made by a sharp scalpel in the inverted portion of the nail, from the root to the free extremity. It was essential that the matrix be removed, else the disease would be reproduced with the nail. The operation was simple and easy.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinic of Prof. A. Clark.

Paralysis Agitans—Probable Cause, Injury.—This patient, who is a tolerably healthy looking adult of about 40 years of age, first presented himself at the clinic on Aug. 18th last. At that time the only noticeable feature about his case was a constant trembling motion about the arms and legs. He was sick about three years ago, when he ran the fin of a fish in the palm of the right hand. Considerable inflammation followed, the hand swelling up to such an extent that he was obliged to have it opened several times. Since then the joints of the fingers have been stiff and unyielding. He first noticed this trembling motion about eight months ago, and thought it had some connection with the injury of the hand.

After he had recited his ailings, Dr. Clark directed him to walk across the floor, in doing which the patient assumed an unsteady, tremulous gait, inclining the body at the same time strongly forward upon the toes. He remarked, in walking, that his legs felt as if he had a heavy weight attached to each foot.

Dr. C. made substantially the following remarks:

You will notice that in paralysis agitans the movements, though uncertain and tremulous, are characterized by regularity, entirely different in this respect from chorea, a case of which you have just seen, and where the movements are very irregular. Paralysis agitans belongs to old age. This man, however, is

not above forty. Sixty and upwards is the time for paralysis agitans to make its appearance. If a man, however, lives very "*fast*," he may have it earlier. This man tells us that he has been strictly temperate, and is not the victim of any bad habits. Now, then, there is only one other inquiry, and that is, whether the disease in this case has been produced by any metallic poison, such as mercury, arsenic, etc.

It does not seem, on inquiry, as if we were able to detect any such efficient cause of the disease.

The next and most important inquiry is, what is to be done? You will all admit that this is a very uncomfortable state of affairs to be placed in. In the first place, the patient cannot feed himself. Does not the meat sometimes drop off your fork when you carry it to the mouth? Yes, sir, once in a while. That is very aggravating, of course.

Well, then, what can be done? The two agents that I have relied upon the most are zinc and iron. You observe that the treatment has some analogy to that of chorea, although we suppose that the causes of the two diseases are different. Our opinions, however, in regard to both diseases, are merely conjectural. The treatment, therefore, must always be entirely empirical. I have seen decided beneficial influence result from the somewhat protracted influence of the oxide of zinc, combined with a very small quantity of nux vomica. I should feel disposed, then, to advise this man's physician to try it, say three grains of the oxide of zinc to commence with, and a small quantity of nux vomica. Then increase the zinc gradually until we reach eight or nine grains, and repeat it three times a day. In the course of a month or two we will request him to come here again, when we can see what has been the result.

On the 13th of October the patient again appeared at the clinic, manifesting some improvement, and although the tremulous motion is not much diminished, he walks with more ease and elasticity, the weighty sensation in the legs having almost entirely disappeared This being the case, Dr. Clark recommended that the same treatment be pursued for at least a month longer, and should no decided improvement then manifest itself, he would drop this remedy and place him upon large doses of carbonate of iron.

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The personal appearance of Jenner is thus described by one of his friends: "His height was under the middle size; his person was robust but active and well formed. In his dress he was peculiarly neat, and everything about him showed the man intent and well prepared to meet the duties of his calling. When I first saw him, it was on Frampton Green. He was dressed in a blue coat and yellow buttons, buckskins, well polished jockey boots, with handsome silver spurs, and he carried a smart whip with a silver handle. His hair, after the fashion of the times, was done up in a club, and he wore a broad-brimmed hat."

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

The regular meeting of this society took place Wednesday, October 12th; a large number of members and other professional gentlemen being in attendance.

Foreign Body in the Left Bronchus—Tracheotomy.—Dr. Conant presented a small piece of an apple, which had entered the wind-pipe, and been removed from the left bronchus after the operation of tracheotomy had been resorted to. He gave the history of the case in substance as follows:

Two weeks ago, a little boy about seven years of age, while eating an apple, was suddenly attacked with choking, which became so violent that respiration appeared to cease, and his father believed him dead. He picked him up immediately, and ran his finger down the throat of the boy, and distinctly feeling a piece of apple in the back part of the throat, crowded it down. The child was at once relieved, and began to breathe quite freely. A few moments afterward, however, the breathing again became difficult. He was then brought into the Demilt Dispensary, where the doctor had an opportunity of seeing him. The case was very carefully examined, and the œsophagus explored with a sponge-probang, so as to be sure that no portion of the apple remained there fixed. At this time the air was passing into both lungs, although the breathing had become quite difficult. An emetic had, meanwhile been administered, by which a considerable quantity of the apple which the boy had eaten was brought away, without any relief, however.

He then proposed that the trachea should be opened, in order to give exit to the foreign substance, which had evidently become lodged there. The father, however, objected, saying that the child had had inflammation of the lungs and asthma, and was not breathing now with any more difficulty than it had on previous occasions.

On the Friday following the child was attacked with very great difficulty of breathing, and suffocation threatening, it was again brought to the dispensary, and on examination it was found that the left lung had ceased to move almost entirely, no air passing into it. It was supposed then that a portion of the apple had become lodged in the left bronchus. The lips were blue, the countenance exceedingly anxious, the child unable to swallow, and to all appearances could live but a short time. Dr. C. told the father that he must open the trachea, to which the latter objected; and thinking that the child would die in the course of a short time, the parents went and had a daguerreotype taken of the little sufferer.

Upon further consideration, however, the father

consented to the operation, which was performed by Dr. C. at 4 o'clock P. M. the same day. The trachea forceps were introduced, and first turned upward, in order to remove anything that might be lodged *above* the opening. They were then turned downward to the bifurcation of the trachea, but nothing could be seized. A silver wire was then passed into the trachea and down the bronchus, with the hope of bringing it in contact with the border of the foreign body, and thus bringing it out, but also without success. The child was then suspended by the heels, and the chest forcibly compressed; this attempt was also in vain. A double canula was then inserted, and the child left, with special directions to the parents, that if the apple should come against the lower end of the tube, to remove the tube at once. The child remained in the same condition all day Friday and Saturday.

On Saturday evening the attention of the parents was called to the child by what they described as a slight "explosion" that had taken place in the instrument. When they came to examine the neck of the child, they found this small piece of apple lying near the instrument. At eleven o'clock the tube was removed, and the child allowed to go on without anything remaining in the trachea. Four hours afterward the child began to breathe through the mouth. Since that time the wound has naturally closed up, and when the doctor called to see him four days afterward, he found the child playing about with his brothers in the room.

Fibrous Tumor of the Uterus.—Dr. Finnell presented a specimen of fibrous tumor of the uterus, which had reached such a growth as to almost obliterate the uterine cavity. The ovaries had, in consequence of the fibrous inflammation, been entirely displaced from their normal position, so as to be adherent to the posterior surface of the organ.

The specimen was taken from the body of a woman who was beaten to death, or was *supposed* to have been beaten to death, by her husband. She was a very intemperate woman, and the mother of three children. While in a state of intoxication she had quarrelled with her husband, who beat her over the head with a stick, rendering her insensible and resulting in death.

On making the autopsy, while engaged in the examination of the uterus, the gentleman who was taking off the calvaria called my attention to what he supposed was a fracture of the skull, but it turned out to be a fissure produced by the forcible manner in which the skull was removed, with a chisel, before the bone had been entirely sawed through. This, the doctor remarked, is of frequent occurrence, and in these cases, which are the subject of medico-legal investigation, great care should be taken not to produce post-mortem fissures of this kind, which, however, may be distinguished from a fracture or fissure that has taken place during life, by the extravasation of blood on and in the margins of the fissure present in the latter, which is absent in the former.

Tubercular (?) Deposit in the Larynx.—Dr Finnell next presented a specimen of tubercular deposit in the larynx, in behalf of a candidate for admission, with the following remarks:

I was requested by the gentleman to make an autopsy on Monday morning, upon the body of a young lady, who had died suddenly after coming from church on Sunday. For eighteen months previous to her death she had been suffering from aphonia, and had been receiving treatment for follicular disease of the throat and aphonia. The gentleman in attendance had been applying a solution of nitrate of silver, 40 grains to the ounce, by means of a camel's hair brush. She would sometimes remark, when the solution was being applied, that the spot was reached; except the loss of voice, no other symptom was present. She was able to be about, and often went to the doctor's place to have the application made to the throat. On Sunday last she went to the church, feeling very well, but in hurrying home to avoid being caught in the rain, she used a little more exertion than she was accustomed to. After reaching home she complained of great oppression about the throat and larynx. A physician was sent for, who pronounced the case as one of croup. Half an hour afterward she died.

I made on *autopsy* on Monday in company with Drs. Drake, Gournersey, Nichols and Lyons. We found the heart empty; the lungs healthy, with the exception that on the apex of both lungs was a smal depression, on making an incision through which, a small amount of cretaceous tubercle was found. The patient had evidently died from suffocation. I expected to find the lungs engorged and filled with blood; such, however, was not the case. The cause of death was discovered to be in the larynx. Here is what I presume to be a mass of tuberculous matter, which so completely blocks up the laryngeal tube, that an ordinary catheter cannot be passed through it. A relative mentioned that when she slept, breathing was somewhat labored. When awake her respiration was just as natural as that of other persons.

This tuberculous mass is situated just below the vocal chords on the left; and springing from the cricoid cartilage is another mass, which comes around, so as to meet the first; in that way the cavity of the tube is almost entirely obstructed. A quantity of the mass has been washed away in preparing the specimen, it being very soft. There was no inflammatory action about the parts, no redness, no extravasation of blood, no œdema glottidis. It presented simply the appearance now shown. In the

muscles of the neck, near the insertion of the sterno-mastoid, etc., and also in the muscles crossing the trachea were found several spots of bloody extravasation, evidently caused by the struggle for breath during the agony.

DR. METCALFE wished to know if the mass had been examined, and whether or not Dr. Finnell was positive that this was tubercular matter.

DR. FINNELL: It has not been examined, except by the eye.

DR. METCALFE: I have asked the question because it presents very much more the appearance of an epithelial growth now, than that of tubercle.

DR. FINNELL regarded this as a very favorable case for tracheotomy, from the softness of the mass it would have been a very easy matter to dislodge it.

DR. METCALFE suggested that the specimen be referred to a Committee to report upon its microscopical nature, inasmuch as the occurrence of tubercular deposit in such quantity was very unusual in this situation. So referred to Drs. Finnell and Sands.

Supposed Intestinal Parasite.—DR. DALTON gave the history of a specimen, which was brought to him on the morning of the 12th inst. The specimen, although it had been kept in alcohol about three weeks, was in a very perfect state of preservation. It was about three inches in length, and mottled over with grayish-colored spots. It was supposed to have been discharged from the intestines of a patient, after the administration of an injection, from the fact, that immediately after the the passage his attention was attracted to something which he felt moving in his clothes. On examination he found the animal in question. It was first regarded as a very unusual variety of some intestinal parasite, but after a very careful examination by Dr. Dalton, proved to be nothing more nor less than the "*limax flavus*," or the common *slug*, an animal very frequently found in the gardens about New York city. The gentleman, who brought the specimen was very unwilling to admit that it was not actually discharged from the intestine. The fact, however, that the patient was the porter of a hotel, and in the habit of going to market and handling green vegetables, such as cabbage, etc., upon which these *slugs* are not unfrequently found, and from the fact that the animal, when discovered, was alive, led Dr. Dalton to believe that this slug had made its way into the patient's clothes unperceived, and was not noticed until immediately after the passage from the intestines. (This case is similar in many respects to one related by Prof. Clark some five years ago before the same body. In that instance the specimens, which were very complete filiform animals, some five or six inches in length, of a dark brown color, with a flattened body, were supposed to have been voided from the bladders of two females. Another specimen of the same variety was presented which was supposed to have been coughed up by a third person. It was at that time supposed by Dr. Clark, that water was a natural element of these animals, and that these specimens did not come from the body, but being accidentally present in the vessels in which the urine was voided, or in the third case where the sputa was coughed up, the mistake was very readily made of considering them entozoa)—REPORTER.

Epilepsy—Trephining.—DR. SAYRE presented a button of bone, which had been removed from a patient, who, some months ago had received an injury of the skull by the falling of a brick-bat upon his head. After the reception of the injury, the patient was subject to repeated attacks of epileptic convulsions. Upon examination a small depression of the bone was found, where the injury had been inflicted, and inasmuch as the patient always referred the pain to that portion of the head, the Doctor resolved to trephine, believing the epilepsy to be the result of the depression at the seat of injury. The operation was accordingly performed, and the small portion of bone presented, removed. The part removed was found to be fissured, and presented a small depression, and at one portion had become converted into a hard eburnaceous material, the deplöe at this point was entirely deficient. The dura matter beneath the bone was covered with small granulations. How the operation will result can of course not yet be known.

The history of those cases in which trephining had been performed for epileptic convulsions, the result of injuries, shows the operation to have been much more efficient than any form of medical treatment relied upon.

DR. BIBBINS wished to know whether epilepsy could not be produced by a shock communicated to the brain, without any direct injury to the skull, and related a case where a woman, in attempting to escape from her husband, leaped from a four story window, and alighted, so far as he could ascertain, upon her *feet;* ever since the fall she has had epileptic convulsions.

DR. DALTON asked if she was free from epilepsy *before* the fall.

DR. BIBBINS replied that she was.

Injury of the Ribs—Necrosis.—DR. FINNELL related the case of a little boy who was run over by a wagon; the gentleman who was called to see him supposing that the child had received a fracture of the ribs, advised the application of a bandage, saw that it was properly adjusted, and left the case Shortly afterward he called again, and not finding

the child complaining, he did not see him again in a week; in about a week's time his visit was repeated. The child at that time was well enough to be about, the bandage being still applied to the chest. Finding no particular trouble, he went away, leaving orders that the bandage should not be removed until the end of four weeks. In about four weeks he called again, and finding the boy well enough, presented his bill, and left directions to remove the bandage entirely in three or four days. When the mother came to remove the bandage and look at the bones, she thought that it was not yet all healed over, and sent for the doctor again. When the latter arrived, and looked at the parts, he found the *black, necrosed* ends of the ribs protruding through the flesh. Never having heard of anything of the kind, he was of course very much astonished. Dr. F. was then requested to see the case, and the dead portions of bone were removed with bone-nippers. The portion cut off was very smooth, showing that the case was not one of fracture, as had been supposed, but separation and dislocation of the sternal end of the rib from the costal cartilage. The ribs dislocated were the fifth and sixth of the right side.

The Doctor attributed this result to the application of the tight bandage, which had the effect of forcing the ribs through the integument, and he believed that the case would have progressed far more favorably had no bandage at all been applied. It is somewhat remarkable, that the boy experienced no pain or distress in going about, but was apparently as well as usual; and yet there was more than half an inch of the rib sticking out, when the bandage was removed.

The treatment of small-pox previous to its change by Sydenham, was as opposite to his treatment and to the natural indications, as possible. The unhappy patient was loaded with bed clothes. Lest one refreshing breeze should fan his burning frame, the curtains were drawn closely round, whilst under the notion of a putrescency and dissolution of the blood, he was all the time plied with a round of stimulants and cordials—to say nothing of the less potent but more disgusting ingredients, with which good care was taken that they should be sufficiently charged. "Luckily," says Sydenham, "it occurs occasionally that, from the preposterous application of external heat and inward cordials, the patient becomes delirious, and in a fit of frenzy, escaping from the cruel attention of his nurse, leaps out of bed, lies exposed for many hours to the cool night air, and so recovers."

EDITORIAL DEPARTMENT.

Periscope.

FOREIGN.

By L. Elsberg, M. D., of New York.

The Green (blue) Coloring Matter of Pus.—So many different substances have successively been supposed to cause the blue or green coloration of pus, that it is of some interest to know that C. Bergouhnioux claims (*Gazette de Paris*, 1, 1859,) to have proved it to depend on the presence of *biliary pigment*. He found the coloring matter of bile in pus from urethritis, otitis, ophthalmia, coryza, arthritis, abscesses non-specific, syphylitic, and scrofulous glandular; and also in meconium, liquor amnii, diarrhœic discharges, vomited matter, serous exudations, hydropic fluids, infiltration in cadavers, and many other normal and abnormal liquids.

Microscopical Anatomy of Peyer's Glands.—R. Heidenhain has published an important contribution to the anatomy of Peyer's glands, as his inaugural essay for the professorship of Physiology at Breslau, recently conferred upon him. Without going into minutiæ, we will state, as the result of the microscopical examinations detailed in the interesting essay before us, the *establishment* of the structural correspondence of these glands with all lymphatic glands. The mode of communication of the intestinal follicles with the chyliferous vessels he has, however, not been able to determine.

Displacement of the Right Sub-clavian Artery, and Left-handedness.—The origin of the right sub-clavian, as a primitive branch of the aorta, mostly to the left even of the left sub-clavian, is, according to Prof. Joseph Hyrtl, of frequent occurrence, (*Œsterr. Zeitschrift für prakt. Heilkunde, V.* 11, 1859.) He found it in two out of every one hundred cases, and regards left-handedness, supposed to be only a bad habit, depending on this anomaly, and therefore hardly perfectly eradicable.

Prof. Thiele (*Schmidt's Jahrbb., September*, 1859,) dissents from Hyrtl's views, thinking the anomaly does not occur so frequently, and that, besides, more than two persons in every hundred are left-handed.

Necrosis of Bone after Ligature of Aorta. Calcareous Metastasis.—Among the valuable contributions to experimental pathology by Otto Beckman, (*Verhardlungen der phys.*—

Med. Ges. Zu. Würgburg, IX, p. 143,) we notice "necrosis of bone from ligature of the aorta, and calcareous metastasis." This was proved by experiments on dogs. Obliteration of the nutrient arteries seems probable, though the mode of its production is not clear. The disease in the bone caused in it true calcareous deposits, salts of lime being taken up by the blood and deposited, in one case detailed by B., principally in the endocardium of the left ventricle, and in the right kidney, especially in the urinary tubules. It is thus proved that *deposits of salts of lime may be produced artificially.*

Chlorate of Potassa in Ozœna.—A. GAMBARINI relates, in the *Annali. Univ. di Med.*, two cases of ozœna—one from childhood, the other of five years standing—which, by snuffing up three times daily of a solution of pot. chlorat. ʒ ijss.–iij in aq. ℥ x, were perfectly cured, the first in four months, the other in three months.

Arsenious Acid in Chorea.—E. BARTHES details (*Gaz. des Hôp.* 68, 1859) the case of a previously healthy girl of eight years, who, in consequence of fright, had suffered for six weeks from chorea. Within seven days the patient perfectly and permanently recovered under the influence of arsenious acid, 5 mgrmm. —1 ctgrmm. (gr. 0.077–0.154) three times daily.

Cure of a Case of Chronic Vomiting.—A woman, æt. 32 years, rather weak, who had suffered five or six years with watery, and sometimes acid vomiting, with a feeling of emptiness and gnawing at the stomach, was treated with a solution of 1 gr. of chloride of gold in aq. ʒj, 10 drops in a cup full of water four times daily. All abnormal symptoms left, but the feeling of gnawing returning, the patient, two weeks after, was ordered ext. belladonnæ, gr. j, after which she became and remained well. (Prof. J. HOPPE, Pr. Ver.—Ztg. N. F. II, 24, 1859, *Schmidt's Jahrbb.* 9, 1859.)

Treatment of Hysteria.—In the *Archives Générales de Medicine* for June, 1859, we find an essay on hysteria, by Dr. BRIQUET, of Paris. After an historical sketch and description and analysis of the paroxysm, the causative relation to the uterus being denied, the possibility of diagnosing hysterical from epileptic and eclampsic paroxysm and of controlling the former at will, is strictly insisted on. The treatment then recommended is chloroform, by inhalation, till sleep is produced, and externally wherever there is local pain. The latter applications may be made also in the interval, thus often preventing a paroxysm.

The Transverse Motions of the Forceps.—KRISTELLER, in an able article on the mechanism of the forceps, published in the *Monatsschrift für Geburtskunde und Frauenkrankheitem* for June, 1859, says *the text-books should not make the "waving, pendulum-like sweep from handle to handle" an essential part of every forceps operation. It is much more rational, and better for mother and child, to extract the head with a constant gentle traction than by the transverse motions. Such motions may become sometimes necessary, but the indications for them should be fixed, so that their use in particular cases may become better understood, their great mechanical effect always lead to moderation in their employment, and the abuse to which they are so easily liable, be prevented.*

Artificial Formation of Tartaric Acid.—M. LIEBIG (*Gaz. Hebdom.*) has just made the important discovery that tartaric acid can be formed artificially by treating sugar of milk and gums with nitric acid. M. Liebig, after a profound and thorough investigation of the properties and composition of the artificial acid, has came to the conclusion that it is perfectly identical with the tartaric acid of grapes. Tartaric acid, formed in the manner stated above, is accompanied by a second acid, isomeric with the oxalhydric acid of Guerin Varry.

Acetate of Lead in the Treatment of Phthisis.—M. FANEL, of Alexandria, (Egypt,) reports, in the *Gazette Hebdom.*, three cases of phthisis pulmonalis treated with acetate of lead. He ascribes to the acetate a peculiar action on the mucous membrane, and believes that a cure can be obtained by the use of the salts of lead, without any symptoms of lead poisoning.

Curare in Tetanus.—Dr. OELLA, of Turin, (*Gaz. Hebdom.*) having determined that an antagonistic physiological action existed between curare and strychnia, used curare as an antidote to the latter, and for the same reasons applied it therapeutically in cases of tetanus (traumatic) and with success in one case out of three, and hence announces curare as a specific for tetanus. Dr. Manec, on the other hand,

aided by Dr. Vulpian, administered curare in a case of traumatic tetanus without success, and hence denies its efficacy. In each case the curare was administered endermically. Both practitioners are celebrated men, and are both probably correct in their statements, so that further experiments will be necessary to determine whether curare is really efficacious in traumatic tetanus, or whether it is only applicable in those cases that recover under any treatment.

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AMERICAN.

Transverse Fractures.—The *Boston Med. & Surg. Journal* having stated that transverse fractures of the shaft of the femur never occur, it corrects the statement, having seen two cases in the Museum of the Massachusetts Medical College.

We once had a case of fractured *tibia* to treat, which was as evidently and truly transverse as if the bone had been sawed through. The lower fragment, by the force that caused the fracture, was thrown forward so much as to nearly cause a compound fracture, by cutting through the integuments. By the application of sufficient manual force to overcome the traction of the muscles, we were enabled to slide the ends of the bone into exact apposition, where they remained firm, and without the slightest tendency to displacement, and without causing anything like the amount of irritation, either constitutional or local, that ordinarily accompanies fractures of large bones.

Reduction of Dislocation into the Thyroid Foramen.—Dr. Brainard reports in the *Chicago Medical Journal*, the reduction of dislocation into the thyroid foramen in three cases in the following manner. After the pulleys had been unsuccessfully used, he wound a stick of wood with quilted stuff, to about six inches in diameter. It was then pressed by an assistant against the perineum, and firmly held between the thighs. With the limbs straight, he seized the ankles and carried the legs toward and in a manner tending to cross each other, using the wood as a fulcrum, and the members as levers. The dislocation was readily reduced.

In another case of the same accident, the patient was drawn down in the bed so as to bring the perineum against the bed-post which was surrounded by a pillow, and then the same manipulation, as in the previous case, effected the reduction.

Correspondence.

INTRODUCTORY DAY IN NEW YORK.

New York, October 18, 1859.

Monday was a busy day for Gotham, he being obliged to attend at no less than three distinct and highly interesting "Introductory Exercises;" first, at Bellevue Hospital, introductory to the Winter's Course of Clinical Instruction; second, the Introductory at the College of Physicians and Surgeons, where the address was delivered by Dr. A. Clark; and third, the same at the University College—address by Dr. Van Buren.

First, then, to Bellevue Hospital.—At the appointed hour of 1½ o'clock in the afternoon, the new and capacious amphitheatre of this institution, which seats about five hundred persons, was pretty well filled with students and professional men generally; among the latter some of our most prominent physicians and teachers. As had been announced, Dr. John W. Francis delivered the chief address, which was marked by that peculiarly happy style, and that true eloquence which derives its source from *facts*, that always characterizes his efforts on similar occasions.

After a few preliminary remarks, he spoke of the great importance and advantage of clinical study of such a nature as is offered to the student in Bellevue Hospital. He would be brief on this occasion, adhering to the rule which the old divine gave to his younger brother, that a sermon should be not longer than twenty-five minutes—for after that, there were no more conversions.

To clinical observation and research there is no end; no boundaries to the progress of our art and science; and while he congratulated the students upon the great advantages that this institution offered, he would most earnestly advise them to profit by them. Let me ask you, he said, in addressing the students, have you not come here with a firm determination to *work;* have you not visited this place to acquire more knowledge, to qualify yourself for one of the most important duties that can fall to the lot of man? When you come here, you have come to a working-house. Every man that enters Bellevue Hospital will be expected to labor most earnestly. Your opportunities for improvement are *vast*, your time is *short*, therefore labor most assiduously, for it is only by labor that you can reap a reward. And is there any reward more honorable, greater, than that which you are working for? Recollect that to enter this profession you must labor and toil most arduously, but a greater reward for that toil is found in no other calling. Look around you in every pursuit in life! Where have you found a person of any eminence who has not been a devoted disciple to toil? "All

nature toils;" every revolving day toils, nations are built up by toil. Adam Smith tells us that labor is the wealth of the world; without labor the world would be poverty. Look at the eminent men who have labored in our profession, read over their biographies, and you will find that hard toil only led to the eminence of success. Having this before you, I hope that you will be devoted disciples of labor, that you will spend every hour in this institution, so that you will derive therefrom the most profitable results. Let me ask you, one and all, what is the return that you are to reap for this extra labor? First, *distinction* in a profession which, above all others, is the most important that can occupy the attention of man. The abstruse mysteries of law, the sacred precepts of religion, although they demand the highest concentration of the greatest faculties, are still not followed by greater results than those which are associated with the study and practice of the healing art. When you come here, remember the importance of that art. You are not going through a mere holiday festival. You are in the acquisition of a science upon which depends the preservation of our species, upon which hangs life and death. Such is to be the great study of your life; and will you be indifferent to the rich treasures of observation and wisdom which are to be unfolded to you in this place? Do not suppose that I speak in a tone of extravagance, when I thus speak of the great importance of medicine, and distinction in it as labor's first reward.

Read the history of by gone ages, read the history of the progress of nations, and you will always find on some one page or other, something that will convince you of the great importance of the medical art; and from the time of Homer, and the Bible, up to our day you will find authority sufficient to convince you of the value of the healing art.

It is necessary, however, for you to practice a rigid self denial in your professional career. This has always characterized the greatest men of our profession. Dr. Parr says, "I honor these medical men, they have more learning, more kindness of heart, more pure philanthropy, than any class of men, I have ever yet encountered;" and Johnson says: "Medical men, of all others whom I have known, are the most kind, courteous and willing beyond all others to exercise a *lucrative* art where there is no hope of lucre;" and so I might go on and name many other eminent men who have pronounced the medical profession one of the greatest, and at the same time, one of the most benevolent. I have cited these examples, because I want that you should come here, not to study medicine as a mere mechanical art, but that you should learn to take upon yourselves some of that *dignity* and self denial which has characterized the great men in the profession who have gone before you. Study, then, assiduously, be not *idle;* nothing is more annoying to my feelings than an *idle* student in medicine. When I see an idle man in the medical profession, I am almost inclined to think that he is *bloodless*. Such a man cannot possess the great qualities of a generous nature; he is indifferent to the many lessons of practical benevolence which are daily unfolded to him. Gentlemen, I feel persuaded that you have come here with a devoted intention to study, and I thank God that I have lived to see the day when in the progress of our art so much more is unfolded for your benefit than was the case in my early days.

The Doctor then compared at length the immense advantages, which were possessed by the medical student at the present day, with those which were enjoyed by him and his cotemporaries.

In regard to the pecuniary reward which medical men obtain, the learned Doctor thought that it was equal to that of any other pursuit, and in eloquent language depicted the embarrassed and unfortunate career of many of the greatest inventors and philosophers, such as Watts, Fulton, Oliver Evans etc. In this connection he would most urgently advise the exercise of a certain degree of prudence, so that in old age the physician may have the means of comfortable subsistance, and not be forced to "die on the limits," and be obliged to ask, as an especial favor, to be buried by your friends, as did the illustrious Cullen.

The venerable speaker then went on to describe the advantages of New York as a place for medical instruction. New York is itself the very focus of medical knowledge, and I hardly dare to trespass upon your time to tell you of the advantages which you are deriving from this institution alone. You have here the advantages of the clinical teachings of the most active and prominent men in our profession, who are engaged in this work of teaching at the bedside more hours in the day than perhaps any other men in the land. I tell you, gentlemen, that an institution capable of accommodating from ten to twelve thousand patients a year is no small affair. Where in the land will you find a similar place? Bellevue Hospital is destined, if no mishap occurs, to rival the most celebrated institutions of Europe. I hope the day is not far distant when the Hotel Dieu will, if compared with Bellevue Hospital, seem like a small concern. We have the men here who are able to do the work.

You can study a greater variety of diseases here than in any other place in the known world. This great metropolis is filled with an almost numberless variety of people. Are you aware that eighty different languages are spoken in this city of New York? In this population, then, representing people from almost every clime, you find the diseases, which are brought before your study, presenting the same variety, the same cosmopolitan character. Hence you can acquire, if you are willing to labor

and toil, a medical education as thorough and as complete as in the old world; and I would never advise you to go abroad until after you have finished your studies here and then go as independent observers.

After alluding to the retirement of Dr. Metcalfe from his office as a clinical teacher in Bellevue Hospital, and paying a deserved compliment to that gentleman's labors in clinical teaching, Dr. Francis called upon Prof. Gilman to make some remarks.

Dr. Gilman, after endorsing the excellent remarks of Dr. Francis, regarding his advice to the students, remarked that on this occasion he could not but mark the contrast between this institution now and what it was twenty-five years ago.

Twenty-five years ago he was requested by the public authorities to inspect this hospital. It presented the appearance of an immense stable, and not a very clean one at that. The wards were utterly destitute of anything like ventilation, and had evidently not been white-washed for the space of half a year. He expected to find the female wards in a somewhat better condition, but there was no difference, they were as filthy as the rest. As a consequence of this, Bellevue became the undisputed home of pestilence. Typhus fever raged there day in and day out. The patients were packed together in such a way, that *recovery* was almost a miracle of Godly grace; and, as to nursing—that most important adjunct to the recovery of the patient—it, too, was in a deplorable condition, almost entirely neglected. The persons who had charge of the patients at that time were prostitutes, brought over from Blackwell's Island, and it was not a very unfrequent occurrence, in those times, to find the patient dead in the morning, and the nurse lying at the foot of the bed, drunk, with the very brandy that would, perhaps, have kept the poor sufferer alive. Such was Bellevue at that time.

What it is *now*, you can see for yourselves. The wards are admirably ventilated; everything is in a state of cleanliness and all is done that can render the patient more comfortable; and in addition to this, you have a competent medical board, who reflect honor and who do justice to the position which they hold, and whose delight it is to do all in their power to impart instruction to the students. When you compare this to the former condition of the institution, you will be ready to admit that your lines have fallen in pleasant places.

In conclusion, the Doctor exhorted the students to use their utmost exertions to profit by the most excellent opportunities thus offered for their clinical study.

Dr. Metcalfe then followed with excellent remarks, advising the students in what manner best to follow their course of clinical studies, and confirmed the remarks of Dr. Gilman as to the great contrast between Bellevue hospital in former days, and its present condition. He then called upon Dr. Stevens, who described in a happy manner the great difference between medicine in his early days, when they discussed the questions "whether opium was a stimulant or a sedative," and "whether life was a forced state," and science now, when physiology and pathology have made such gigantic progress.

Dr. James R. Wood then announced the hours of clinical instruction during the course, and also the *Elliot* prize of $50 for the best anatomical preparation of the fascia of the female pelvis.

We would be happy to lay before your readers a summary of the introductory addresses of Professors Clark and Van Buren, in the respective institutions to which they are attached, but we have already transgressed upon the space allotted to us.

Gotham.

Items and Miscellany.

We learn from the *Boston Med. and Surg. Journ.*, that Dr. Eli Ives has declined the office of Junior Secretary of the American Medical Association. President Miller has appointed Dr. Stephen G. Hubbard of New Haven, to fill the place. Dr. Eli Ives is 81 years of age, and the appointment was probably *intended* for Dr. N. B. Ives. It was offered him by the President, but on account of ill health he declined it, and Dr. Hubbard received the appointment.

We never doubted that the profession of New Haven would give the Association a hearty welcome, but when, in announcing that though Connecticut was not represented in the meeting at Louisville, the next was appointed at New Haven, we remarked that the profession of that city would be taken by surprise, one or two of the journals took us to task for intimating such a thing. The above item will show how bunglingly the affair was managed. It would be a little singular if the appointment of an octogenarian as *Junior* Secretary of the Association had not caused a little surprise.

Atlanta (Geo.) Medical College.—We have received the announcement of the *sixth course of lectures* in this institution, commencing on the first Monday in May next, and continuing through the following August. At the session just closed there were 166 matriculants and 56 graduates, indicating a fair share of prosperity. The winter preparatory course commences on the 7th of November next.

We recently had the pleasure of a call from Dr. J. P. Logan, one of the faculty, and one of the editors of the *Atlanta Journal of Medicine and Surgery*. If he is a "fair specimen" of the faculty, we do not wonder at the popularity of the school.

Curious Epigram on PHILIP SYNG PHYSICK, M. D., *written in the year* 1792. Our attention has been directed by Dr. S. W. Mitchell, to a humorous and interesting epigram which has been recently exhumed by the *Historical Magazine*.

After Dr. Physick's pupilage with Dr. Kuhn of this city, he proceeded to London, and became a pupil and assistant of the great John Hunter, with whom he resided, and through whose influence he was appointed House Surgeon to St. George's Hospital. In 1791 he went to Edinburgh, attending diligently at the Royal Infirmary, and graduated at the University of that city in May, 1792. The subject of his thesis, written in Latin, was Apoplexy. He remained in Edinburgh, continuing his studies, until September of that year, when he returned to Philadelphia. He was appointed one of the Surgeons to the Pennsylvania Hospital in the year 1794, and his industry and genius added much to the high character of that institution. Every American physician is familiar with his eminent career, and his name will always be venerated as one of the greatest in the annals of medicine.

"An American gentleman from Philadelphia, of the very singular but somewhat harmonious name of Philip Syng Physic, having taken out his degree of M. D. in 1792, the late Lord Kinnedder, then Mr. William Erskine, an accomplished lady, now no more, and an eminent lawyer, afterwards raised to the bench, in a playful mood wrote the following epigrams, both on the name and the inauguration. The first five, it is believed, are by the gentleman last alluded to, but the editor has been unable to assign the remainder to their respective authors."

Sing Physic! Sing Physic! for Philip Syng Physick
Is dubbed Dr. Phil for his wonderful skill;
Each sick phiz he'll physic, he'll cure every phthisic,
Their lips fill with Physic, with potion and pill.

If music, as Plato does stoutly maintain,
In every disease be a sovreign thing,
For calming the spirits and cooling the brain,
Be sure, Dr. Phil, when you physic, to sing.

Lo! Physick! the College permits thee to work
In curing diseases, the greatest of curses;
Syng! dance then with joy when thou thinks't at one jerk,
Physic can empty both stomachs and purses.

What a fillip to Physic, if Philip Syng Physick,
His skill and his quill to support him shall sing,
Of fever and phthisic, each master and Miss sick,
Of Philip Syng Physick the praises shall sing.

Each gap in the science of physic to fill up,
Old Phœbus young Philip Syng Physick bestows;
Then the potion and pill of Phil still shall we swill up,
And Syng shall be sung at the close of the dose.

The Physic of Philip, so sweetly to swill up,
Health, joy and delight among mortals shall bring,
With pap and with praise then still Philip we'll fillip,
And loud, Io Pæans to Syng ever sing.

O Death! since Phil physics, thy triumphs are past,
And broken thy dart is, and blunt is thy sting;
Phil shall fill us with physic while Physick does last,
And while Syng Physick physics, we'll Syng ever sing.

To each creature his own is still dearest and sweetest,
Mine host loves old stingo, and honey the bee;
Then Physick with physic still Philip shall fill up,
And sung by Syng Philip phillippics shall be.

When Philip's great son, as old chroniclers sing,
Fell sick, to great Philip* for physic he clung;
The Philip with physic so fillipped the King,
That Physic and Phil by Timotheus were sung.
Now wake to Phil's pill box and Timothy's lyre,
Let Fame to my hero their blazonments bring,
Like Philip's great son he can bleed—or the sire
Can physic like Philip, like Timothy sing.

Syng Physick for fees seeks the sick man to physic,
But unsought hopes the fee of his physic and skill;
So ne'er let Phil Physick of physic the fee seek,
Nor the sick man be fee-sick of Physic and Phil.

Let physic sing Philip, for Philip Syng Physick
From plain Philip Physick is dubbed Dr. Phil,
Sing Syng then, each patient, while Philip shall Physic,
And Physick shall fillip with potion and pill.

That Apollo the god is of physic and song,
Each school-boy, I think, will full readily hollow;
Then since to his name the same arts do belong,
Be Philip Syng Physick our Magnus Apollo.

We would call attention to the advertisement of the New York Ophthalmic School, which presents excellent opportunities for the pursuit of studies connected with diseases of the eye. Drs. Stephenson and Garrish are experienced instructors, and the institution is one of wide-spread celebrity.

Dr. Boynton, who is favorably known as a lecturer on Geology, commences a course of lectures on that subject in this city on Friday evening next.

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* Philip was the name of Alexander's physician.

There are forty-four students in the medical department of Yale College. . . . Two hundred and forty-five new patients have been received into the N. Y. Ophthalmic Hospital during the past three months. The attending surgeons are Drs. M. Stephenson and J. P. Garrish. . . . Dr. Robert Kells has been appointed Superintendent of the Mississippi State Lunatic Asylum, at Jackson, in place of Dr. W. B. Williamson, resigned. . . . Dr. Livingstone announces the discovery of a large lake in Central Africa. . . . The Sultan of Turkey has presented his physician with jewels, etc., worth between sixty and eighty thousand dollars, and a valuable estate, for giving him quinine to cure an ague.

To Correspondents.

W. S., Cleveland.—The Écraseur in any of its forms may be had from the instrument makers in this city. It has been much simplified yet is powerful and not liable to get out of order. The rapidity of its action should vary from a few minutes to half an hour, depending upon the vascularity of the part and risk of hemorrhage. It is certainly only applicable to conditions where the latter consideration prevents the use of the knife, and should be restricted to such operations as the removal of the tongue, large nœvi, intra-uterine tumors, hemorrhoids, etc.

COMMUNICATIONS RECEIVED.—*Ala.*, Dr. Samuel Morton, (with encl.,) Drs. Jump and Jones, (with encl.)—*Florida*, Dr. A. L. McRae, (with encl.)—*Geo.*, Dr. W. H. Doughty, (with encl.)—*Illinois*, Dr. E. C. Ellett, (with encl..) Dr. B. Woodward, Dr. R. L. Rea—*Mass.*, Mr. C. N. Chapin, Dr. C. E. Buckingham—*New York*, Dr. S. Jackson, (with encl.,) "Gotham," Dr. M. Stephenson, (with encl.,) Tilden & Co., Dr. L. Elsberg—*Penna.*, Dr. Wm. C. Bosset, Dr. J. A. Wolff, Dr. R. H. Archer—*Va.*, Dr. W. H. Triplett, Dr. J. B. McCaw.

Paid to Mr. John Hulme.—Drs. Harman Yerkes, Wm. C. Roney, John G. Hillegass, Chas. T. Waage, E. Kitchin, Wm. C. Bossett, G. W. Wimley, D. Webster Bland, J. P. Palm, F. B. Nice, Louis A. Livingood, Wellington G. Beyerle, Daniel Deppen.

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MARRIAGES.

BOWLES—BELDEN—At West Springfield, Mass., Oct. 12th, by Rev. Theron Hawkes, Stephen W. Bowles, M. D., of Boston, to Elizabeth, only daughter of the late Dr. Chauncey Belden, of West Springfield.

NOYES—BEVRIDGE—At Newburgh, N. Y., Oct. 13th, by Rev. Wm. McLaren, Henry D. Noyes, M. D., of N. Y., to Bella F., daughter of the late John Bevridge, of Newburgh.

PARMELY—STEELE—On the 23d of August, by Rev. K. Y. Hancock, at the residence of the bride's father, Livonia, N. Y., Dr. J. Parmely, of Taylorsville, N. Y., to Miss Elvira L. Steele.

WARD—BRECK—In Newark, N. J., Oct. 12th, at the residence of the bride's father, by Rev. E. J. Richards, of Reading, Pa., William P Breck, of Williamsburg, N. Y., to Matilda W. R., daughter of Dr. J. M. Ward.

DEATHS.

BABCOCK—At Bates' Station, Montague county, Texas, Oct. 2d, Wm. Henry Babcock, M. D., assistant surgeon U. S. A., aged 26 years. (His remains will be taken to New York for interment.)

FERGUSON—In Brooklyn. Oct. 11th, John T. Ferguson, M. D., formerly of New York, in the 56th year of his age.

SMILEY—At Germantown, Pa., on the 13th instant, Sarah, wife of Thomas T. Smiley, M. D., aged 62 years.

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The *Medical Press* says of this work: "This is a very practical essay on the important subject of Cataract, by one of our most experienced Ophthalmic Surgeons, whose name in connection with diseases of the eye has been long and favorably known to the profession. It is illustrated by five beautiful lithographic engravings, which are worth far more than the price of the pamphlet."

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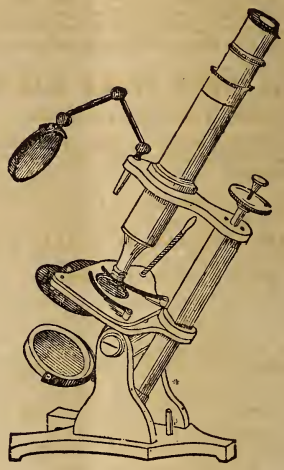

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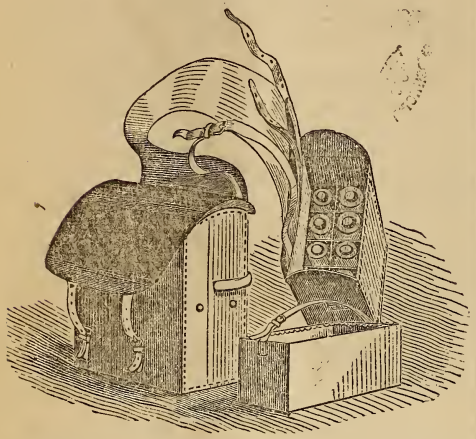

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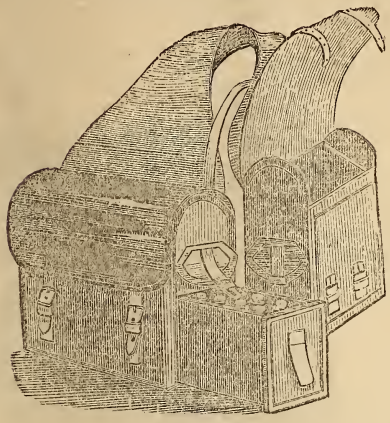

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A.	" 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

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	" 7, " 24 1 oz. " "	10 50
	" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
	"6 & 11 " 20 1 oz. " "	9 50
Ext.	" 11, " 20 1 oz. " " with pockets,	10 25
A.	" 11, " 24 1 oz. Fluted Prescription Vials,	8 75
	" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 13, " 20 1 oz. Fluted Prescription Vials,	7 75

Flat Pattern, with Pockets.

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	" 3, " 16 " "	7 50

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No. 5,	"	32	"	4	"	12 50
No. 6,	"	27	"	4	"	10 50
No. 7,	"	20	"			8 50
No. 8,	"	15	"			6 50
No. 9,	"	14	"			5 05

Mahogany Medicine Chests. Wing Pattern, with brass mountings, and superior finish.

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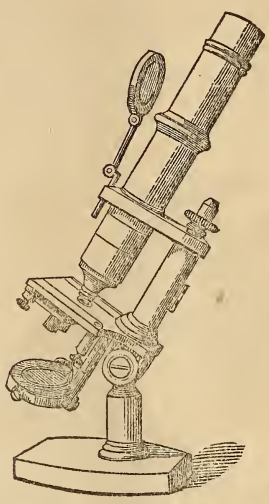

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SESSION OF 1859-60.

FACULTY.

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LEWIS D. HARLOW, M. D.,	"	Obstetrics, &c.
WILLIAM S. HALSEY, M. D.,	"	Surgery.
WM. HILMBEL TAGGART, M. D.,	"	Materia Medica.
JAMES AITKEN MEIGS, M. D.,	"	Institutes of Medicine.
WM. H. GOBRECHT, M. D.,	"	Anatomy.
THEODORE A. DEMME, M. D.,	Demonstrator of Anatomy.	

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

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Fig. 1.

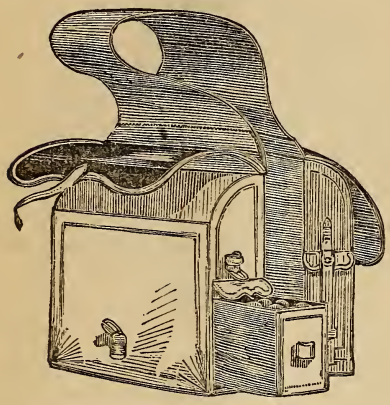

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$11.00
"	20	"	10.00
"	16	"	9.00

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

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Pil. Rhei Comp.:	Pil. Calomel	Hooper's Female Pills:
Pil. Assafœt.:	Pil. Calomel Comp., (Plummer's:)	Pil. Quin. Sulph., 1 gr.:
Pil. Assafœt. Comp.:	Pil. Copaibæ:	&c.
Pil. Ferri, (Quevenne:)	Pil. Aloes:	
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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 158. PHILADELPHIA, OCTOBER 29, 1859. NEW SERIES, VOL. III. NO. 5.

ORIGINAL DEPARTMENT.

Communications.

Excision of the Os Calcis and Cuboideum; re-section of the proximal extremity of the Fifth Os Metatarsi, and of the articulating surface of the Astragalus for Scrofulous Caries of the Astragalo-Calcanean Articulation.

By A. G. Walter, M. D.,
Of Pittsburgh, Pa.

Mary Gormly, of this city, aged 21 years, of confirmed scrofulous constitution, had suffered from a severe sprain of the left foot five years ago, which was followed by pain and swelling, confining itself at first to the astragalo-calcanean articulation, at its sides, but gradually surrounding the whole joint and forming tumors of an indistinctly fluctuating nature in front of the joint and on each side of the tendo-Achillis. Locomotion having become very painful, she had recourse to the use of crutches for the last two years. About twelve months ago, a fistula had opened on the outside, on a level with the joint, discharging a thin glairy fluid. A probe being introduced passed readily across the joint—the articulatory surfaces being deprived of cartilage and destroyed by caries. The general health had been giving way, emaciation was progressing, appetite failing, with a teasing paroxysmal cough. Various local and constitutional remedies having been prescribed by different practitioners during several years, and with little benefit, amputation was insisted upon, which the patient, however, resolutely opposed. She was admitted into my hospital, consenting to the resection of the joint.

On July 21, 1856, assisted by Drs. Lusk & Pillichody, the patient being fully under the influence of chloroform, the resection of the diseased parts was begun by an incision, commencing over the insertion of the tendo-Achillis into the os calcis, downward along the longitudinal axis of the os calcis to its articulation with the tarsal bones in the sole of the foot; from its termination, cross-cuts were carried to each side of the foot. Two large lateral flaps were thus formed in the planta pedis, which were reflected, by dissection, from the sides of the os calcis, and held upward. The calcaneus was next resected from its articulation with the cuboid bone, and lifted off, by dissection, from the astragalus from before backward. The os cuboideum being found carious, was excised too, with the articulatory surface of the os-metatarsi digiti quinti. The articulation of the astragalus being found denuded of cartilage, carious, and covered with a thick, pulpy membrane, was removed, leaving a healthy, bony surface. There was a great deal of capillary bleeding during the operation, which was readily checked by iced water, the arteria tarsea, externa and interna only requiring ligation. The large T-shaped wound was closed by several silver sutures, a tent having been placed between the lips at the apex of the heel to allow free exit to the secreta. The limb was kept raised upon pillows. Cold water dressings at first were applied; afterwards, cataplasmata of flaxseed, and an opiate was given at bed-time. Reaction was moderate, suppuration timely and gentle, and with it the capillary congestion and swelling about the joint soon subsided. After some weeks, fever and cough having ceased, appetite returned, and recovery was steadily progressing. The wound being closed

in two months, some swelling, however, on the inside of the foot below the inner ankle now appeared, which, though unaccompanied by pain, caused some apprehension. The heel remained too full; but under the continued use of poultices of slippery elm, alternated with corn meal cataplasmata, all swelling finally disappeared. After several months the foot became useful. The heel is still full, plump and rounded; a thick cushion of cellular and adipose tissues occupying the place of the lost calcaneus. The patient able to walk on crutches with comfort, and a few months later, on her foot unsupported, and wearing a common shoe without any padding for the heel. More than three years now having elapsed since the operation, the patient walking with ease and without lameness, and being in the enjoyment of perfect health, the cure must be considered perfect.

The happy result which conservative surgery accomplished in the foregoing case, is of more than ordinary interest, considering the amount of bony support which had to be removed, the scarcely perceptible alteration in the shape of the heel, and the perfect usefulness which the member has regained, no additional support of any kind being needed.

Examination of the bony structures removed, showed most extensive destruction; not only the articulatory surface of the astragalus was corroded, necessitating its removal to the extent of about half an inch; but the calcaneus being hollowed out by carious ulceration, the os cuboideum softened and carious, and the articulation of the os metatarsi digiti quinti destroyed by ulceration. Great, however, as was the loss of bony support of the back part of the foot, the powers of nature were found more than equal to the task, not only of saving the limb, but of repairing the amount of injury occasioned by resection and restoring the member to its legitimate shape and usefulness.

Cases like the present cannot fail to stimulate the surgeon to still further exertion in the field of conservative surgery, convinced as he is, that he is far from having nature's powers exhausted and humiliated by the reflection, that the full extent of her reparative powers will not be witnessed by him, no matter how attentive he may be in studying her workings; and that only to posterity will belong the triumph of having unfolded the yet hidden resources of nature, whose bright and plain teachings will be the sure guides of action—a coveted treasure, which, to us, is yet denied, notwithstanding the talent, industry, and faithfulness with which we are devoting our lives to the relief of suffering humanity.

On the Relations of Ulcerations of the Urethra, in Pregnant Females, to Stomatitis Materni, and Vomitings, during Gestation.

By B. Woodward, M. D.,
Of Galesburg, Ill.

In August, 1849, I was called upon to prescribe for Mrs. C., a primipara, in the sixth month of gestation. For two months she had suffered from constant vomitings, by which she was much reduced. She complained also of severe ardor urinæ. The ardor was so severe that she restrained from urination as long as possible, yet she had a constant disposition to urinate. She had been ineffectually treated by several physicians. I instituted such treatment as I thought adapted to her case, with but very little benefit. Both of the symptoms became so aggravated that life became a burden. Under these circumstances, I asked for and obtained an ocular examination of the parts, and found the meatus urinarius red and tumefied, and covered with apthous patches. Dilating the urethra with a speculum auri, the most appropriate thing I had, the urethra, as far as could be seen, was ulcerated. I directed the urethra to be injected with sulphate of zinc, grs. iv., sulphate of morphia, grs. ij., to an ounce of water, after each micturition. This course very soon cured the ulcerations, and the ardor, and to my great surprise the vomitings ceased. As she was anæmic, I put her on quinia and iron, under which treatment convalescence was rapid. Ten days prior to her accouchement the ardor returned, and symptoms of stomatitis materni showed themselves. Resort was had to the injections of the

urethra, as well as treatment to the mouth, without much relief until after her confinement, when the ardor measurably subsided; but the stomatitis did not yield for four weeks, during which time she was treated with bitter tonics and iron. During the persistence of the stomatitis, an ulcerated condition of the urethra obtained three different times, and in each case yielded to the injections.

From that time to the present, October, 1859—ten years—I have made notes of nine cases of ardor urinæ during pregnancy, and in every case where I could get an examination, I have found an ulcerated condition of the urethra. In three of these cases there have been vomitings, and in six cases stomatitis materni has supervened.

In June, 1858, I was called to Mrs. ——, primipara, young and delicate, in the fourth month of gestation; has for three weeks been confined to her bed; constant vomitings and severe ardor urinæ; has for the past week been catheterized from four to six times every twenty-four hours. Examining the urethra with the speculum auri, (an instrument well adapted to dilate the urethra) I found it covered with patches of ulceration, and one, about an inch within the orifice, as large as a grain of wheat. Injected the canal with fifteen grains of nitrate of silver to an ounce of water. This caused intense pain for a few minutes, but after washing out the canal with tepid soft water the pain passed off, and she retained the urine for two hours, which she had not been able to do for a long time. This was on the 15th; on the 16th, scalding not so severe, and the vomiting partially allayed. Directed to inject urethra twice in twenty-four hours, with solution of nitrate of silver, grs. x, to an ounce of water, and, after each micturition, with solution of opium, grs. v, to an ounce of water. This treatment was continued five days, with very little either of the ardor or vomiting. On the 22d, she complained of severe throbbing pain in the urethra, and could not void urine. Injected the urethra four times in twenty-four hours, with mucilage of ulmus, holding in solution of morphia, grs. iv. to the ounce. 24th. Pain in urethra intense, cannot bear introduction of catheter; examination with speculum auri revealed an abscess as large as a filbert, an inch within the meatus, which was evacuated by passing an exploring needle through the speculum; about a drachm of pus was discharged; washed out the canal with aqueous solution of opium. 26th. Complains of lancinating pain in the track of ureter to the left kidney, which was painful on pressure over the region. On the 29th, another abscess broke, discharging, as her nurse says, a teaspoonful of matter. Directed the canal to be injected twice in twenty-four hours with solution of nitrate of silver, five grains to the ounce of water, and with elm mucilage after each micturition. During the persistence of the ulcerated condition and formation of the abscess, the vomitings have been constant. From this time to a week prior to her accouchement, her health was good, but then the ardor urinæ returned, and symptoms of stomatitis materni appeared. She had a long and tedious labor, but gave birth to a healthy female child. The stomatitis proved intractable, and she was obliged to procure a wet nurse, when the stomatitis disappeared, as did also the ardor which had continued through the stomatitis.

The points of interest in the above cases are, the dependence of vomiting and stomatitis on this ulcerated state of the urethra; and the ulceration, etc., caused by some depravation of the blood. That this last is the case, seems to be highly probable, from the fact that in all the cases I have observed, it has been necessary to resort to restorative hæmatics in conjunction with the local means employed.

I am aware that these may be but coincident cases, and that they are too few to establish a theory. We must look to the experience of practitioners in large cities and hospitals, for either confirmation or disproof of any particular theories. There is one other view to which I wish to call attention, and that is, that in my experience stomatitis materni has been most prevalent in seasons when miasmatic diseases have prevailed.[1]

[1] Were not all the symptoms above detailed, merely the result of a cachexia, and not connected with each other except as results of a common cause, the treatment of which by the tonics, caused the relief of the dependent symptoms?—EDS.

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OCTOBER 12TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Post-mortem Specimen—Death caused by extensive and unobserved Disease of the Colon.—The history of the patient from whom these specimens were taken, is as follows: He was 22 years of age, a native of Ireland, and a hack-driver by occupation. He went to Cuba about the 1st of last March, and worked three days on the railway from Havana to Matanzas. The men employed on this work suffered from a great amount of illness. He was taken sick with fever of a severe form, almost immediately after his arrival upon the road, having with the fever delirium, abdominal pain, and great debility. He was in the company's hospital two months; got better, and on his passage home suffered from diarrhœa. He reached this city on the 19th of June, and was for some time sick with chills in a sailors' boarding house. He came into the hospital on the 14th of July, and remained till the 29th, when he was discharged, relieved. His case was looked upon as one of anæmia, resulting from chronic intermittent fever.

On the 18th of August, after dining upon coarse food, he threw up all his meal, together with a large quantity of blood. He returned to the hospital on the 22d, pallid and unhealthy looking, having an earthy, dirty complexion,—what Dr. Gibson used to call a cold buckwheat-cake face. He had no fever, a little pain in the epigastric region, an enlarged spleen, but no enlargement of the liver. His tongue was rather too smooth and glazed. He had then only a slight diarrhœa.

From this time he became gradually worse, in spite of the most careful regulation of his food, and the exhibition of various remedies. The most prominent symptoms were vomiting, gradual but steady loss of strength and flesh, but little pain, and diarrhœa. The only pain he suffered from was located in the epigastric region, and this was the only part of the abdomen tender upon pressure. Over the lower parts of the abdomen, whether over the cœcum, the ascending, transverse, or descending colon, there was absolutely no soreness, nor any complaints of pain. The diarrhœa was moderate in the beginning, but increased very much toward the last. There was no tenesmus, and he had not, at any time, I beg you to remark, a dysenteric stool, such as I have been in the habit of seeing. The dejections were rather large; they were thin, and consisted of flocculent, feculent materials, of a brownish color, floating in a thin, watery liquid. I examined a number of his stools, and had them examined repeatedly by the resident physicians, Drs. Hutchinson and Reed, and at no time did we observe any blood, mucus, or pus. There were at times some small, whitish, grainous particles, which I supposed to be portions of undigested caseine of milk, but which might have been shreds of pseudo-membrane. The stools were those we constantly find in chronic diarrhœa. I certainly did not even suspect that he had severe dysenteric inflammation of the colon. The prominent symptoms were vomiting, which was constantly repeated, and often attended with great effort and distress, loss of appetite and digestive power, emaciation, progressive weakness, and diarrhœa.

Toward the close of the case, there was an unusual degree of aortic pulsation in the left of the epigastric region, and I could feel, lying across the aorta, just above the umbilicus, a hard, oblong body, which seemed to be an enlarged pancreas. The absence of expansile pulsation in the aorta, and absence of murmur, precluded the idea of aneurism, and the increased pulsation was therefore thought to be due to an impulse communicated to a hardened body lying across the aorta. The large hematamesis with which the late illness began, the severity of the dyspeptic symptoms, and the frequency and urgency of the vomiting, pointed to disease of the upper part of the alimentary canal. The diarrhœa remained to be accounted for. The lungs were found to be healthy, else we might have suspected tubercular diarrhœa. The absence of dysenteric symptoms drew our attention away from the large intestine as the seat of disease; so that, gentlemen, we were sadly puzzled to make a diagnosis. There was at one time some jaundiced hue of the skin, but as the stools were never without bile, as the urine was free from it, and as there was no very decided enlargement of the liver, we supposed this might be only a secondary condition, dependent on disease of the alimentary canal. I supposed, on the whole, that the condition might be one of ulcer of the stomach, and one of my friends suggested ulcer of the duodenum.

Treatment.—Rigid diet of arrow-root with milk at first, and wine and quinine. After a time, as the patient rejected the milk, it was given in small quantities mixed with lime-water. He became disgusted with this, and was allowed chicken soup and rice. Toward the last, yolk of egg, mixed with wine, and small quantities of beef-tea, were given, but the vomiting recurred in spite of every thing. When the diarrhœa became severe, bismuth, kino, and opium, and laudanum enemata, were freely administered. Stimulants also were used from an early period.

The post-mortem appearances you will now see:

The *lungs* are in good condition.

The *heart* is not altered in structure; there was an anæmical murmur, not as Dr. Walshe describes over the base, but over the apex of the heart, and yet the mitral valves are quite healthy.

The *stomach* is very much dilated; its color is too deep; the mucous coat is thickened and softened; there are no large ulcerations, but some small superficial ones, with what Rokitansky calls hæmorrhagic erosions. The stomach is thickened and dilated from chronic gastritis.

The *duodenum* is, as you can perceive, very considerably dilated, and all its coats are thickened, especially the mucous, which is also softened, but there are no ulcerations. The lower extremity of the duodenum was found to be fastened to the edge of the liver, and to the gall-bladder, by pretty strong adhesions.

The *pancreas* is enlarged and hardened, but it is not scirrhous, nor does it exhibit any appearance of recent inflammation.

The *spleen* is natural.

The *liver* is decidedly enlarged. Its lobular structure is extremely well marked. It has the nutmeg appearance described by authors. By some this condition is thought to be the early stage of cirrhosis; by others, it is thought to be merely a state of congestion.

The *kidney* presents nothing remarkable.

In the large *intestine* is found the immediate cause of the man's death. The cœcum is in an advanced stage of inflammation and ulceration. The ascending and transverse colon is not to so great a degree affected as the descending colon and the rectum. Here there are deep ulcerations, with projections of the mucous membrane between. We have here just such an appearance as Habershon has described; large portions of the mucous membrane are lost, the remaining portions looking like polypoid formations.

Now, gentlemen, this case may serve to impress upon you the difficulty there sometimes is in making a diagnosis, which the autopsy would seem to show ought to have been easy. The severity of colonitic disease here exhibited, ought, we would think, to have been very readily detected during life. There was diarrhœa, to be sure, but there was also hæmatemesis, and, from that time, urgent gastric symptoms. The only pain complained of was in the epigastric region. There were neither the colics of dysentery, the soreness over the colon, nor the bloody and mucous stools, with tenesmus, which almost invariably attend even chronic dysentery. In fact, the gastric symptoms predominated so much, in the early part of the time during which the case was under observation, and continued so urgent throughout the case, that they masked, as it were, the intestinal condition, particularly, let it be remarked, as the latter was singularly absent in so far as characterized by pain, and the ordinary features of dysenteric dejections. We must not forget, either, that there was very serious disease of the stomach and duodenum, as shown by the dilatation of both these organs, by the thickened condition of their coats, and by the presence in the stomach of hæmorrhagic erosions. I wish to call your attention especially to the peritoneal adhesions which fastened the lower end of the duodenum to the liver and gall-bladder. These not only marked the existence of a serious inflammation of that organ, but they explain also, I cannot but think, the dilatation of the stomach and duodenum. At the point where the adhesions were found, there must have been a partial arrest of the peristalsis, which would naturally give rise to dilatation of the parts behind, and tend to increase the frequency and severity of the vomiting.

The great error in making the diagnosis, was in the not having attended sufficiently to the history of the patient. Had I borne in mind properly the fact, that the patient contracted his illness in a tropical climate, and had had more or less diarrhœa from the beginning, I should have been led, by a simple reflection upon the frequency of diarrhœa from colitic disease in those climates, to the true seat of the bowel disorder, and perhaps a still more careful examination of the stools might have shown the presence of shreds, or patches, of false membrane, or of portions of purulent matter occupying the lower part of the vase. But, gentlemen, like Columbus' egg, it is very easy to see all this after the trick is shown.

Oct. 15th.

Service of Dr. Norris.

Fractures of the Upper Extremity.—Dr. Norris remarked that in this house they had occasion to treat a great number of fractures. It was impossible that the student should see too many, and to-day he would present some of the most simple kind.

Case 1st.—Fracture of middle of humerus. This occurred in a lad four days before; the symptoms of fracture were very evident. His usual mode of treatment was to bandage the arm from the fingers to the shoulder, and apply an internal angular splint reaching to the extremities of the fingers; this kept the fore-arm at rest, and was more comfortable to the patient. The angle of the splint should be changed with each dressing, approaching each time nearer to a right angle. An external, short, pasteboard splint, softened in warm water and moulded to the arm, made the dressing more secure.

Case 2d.—Compound fracture of humerus near the elbow. This was admitted a week ago; the

wound was about an inch and a half above the olecranon process, and did not extend into the joint.

Treatment.—The same splints were used and the wound dressed by adhesive strips, to promote union by the first intention. This could rarely be effected in compound fractures; from the appearance of the wound, it was likely to fill up rapidly with granulations.

Several cases of fracture of the lower third of the radius were exhibited, in different stages of progress toward a cure, the peculiar deformity pointed out, and the different modes of dressing exhibited and explained. In bad cases of this fracture, and in the early stages generally, Dr. N. preferred two straight splints, the posterior reaching to the extremities of the fingers, and the anterior reaching to the metacarpo-phalangeal articulation. If there was much deformity, compresses should be employed. The fragments should not be retained too forcibly in position during the first and second days of the fracture.

There was danger in this fracture of producing false anchylosis of the restrained joints. To avoid this, passive motion should be made at every dressing. Another method was to employ Bond's splint. One patient was exhibited whose fracture was of four weeks' duration, and upon whom Bond's splint was employed; if properly employed and watched, it was a good mode of treatment. Dr. N. thought it did not make so good an arm; and where the displacement was great, he believed it absolutely necessary to confine the fingers in an extended position. A roller was applied immediately to the arm. Union generally took place in adults in from five to six weeks.

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JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Oct. 15.

Clinic of Prof. Gross.

Ulcer of the Leg.—This patient had been shown to the class on several occasions. The ulcer had existed for many years. Two weeks ago the ulcer was large and deep, its edges were abrupt, and it was covered by an exudation of an aplastic character. The skin surrounding it was inflamed and congested, of a bluish red color. Dr. G. upon that occasion, scarified the surrounding parts by light strokes of a bistoury, after immersing the limb in warm water. The ulcer was touched with the acid nitrate of mercury, a poultice ordered to be applied, and a low diet enjoined. An ointment was also prescribed for subsequent dressings.

℞. Hydrarg. super nitratis, ʒi,
Cerat. simpl. ʒvij. M.

The limb was now less swollen and congested, the ulcer was covered with granulations, and everything was tending to reparation.

Scrofulous Disease of the Ankle.—The patient was boy four years of age. The disease had originated three months before, apparently from an unknown cause. The joint was swollen and its function impaired; there was lameness, and pain after exercise or on the slightest touch. Its surface was preternaturally warm.

Affections occurring in this articulation, Dr G. remarked, and in the hip, were apt to be of a strumous character; and from the history of the parents of this child he inferred that this case was of that nature; it was like pulmonary consumption to all intents and purposes. There was evidently a fluid within the joint; the skin over the malleoli was puffed. The character of the fluid he was not prepared positively to assert. He assumed that it was serous or sero-purulent. He would make no puncture; injury would be done by the admission of air, and he must endeavor to get rid of the fluid by some other means. If he thought there was pus here, he should not hesitate to let it out; he would assume that it acted as a source of irritation; it should be evacuated from joints as well as from other parts of the body.

Treatment.—In the first place, rest should be made a *sine qua non* in the treatment. Without rest it was impossible to make any satisfactory progress. The patient should be placed in a recumbent position, and should not be permitted to get up *for any purpose whatever.*

This was an indispensable prerequisite to the cure. The larger the articulation, the greater the necessity for absolute repose.

Diet.—The patient should have no coffee, tea, or meat. He might take milk, stale bread, rice, and potato. As a purgative he would order,

℞. Pil. hydrarg. gr. ij,
Jalapæ, gr. v,
Sodæ bicarb. gr. ij. M.
To be taken every 4th day.

The sufferer waked frequently at night with pain. This denoted the importance of an anodyne. He would order,

℞. Morphiæ sulph. gr. ⅛,
Ant. et potas. tart. gr. 1-20,
Tr. veratriæ, gtt. iv. M.

Locally, pretty thorough vesication of the joint should be produced by cantharidal ointment, two

parts to one of simple cerate, or better, by cantharidal collodion; then a wilted cabbage leaf should be applied to provoke a free discharge from the vesicated surface. This was an old and familiar application to blistered surfaces. He knew none better.

Spina Bifida.—This was a child of three months. It presented in the sacral region, in the middle line, an elastic, almost translucent tumor, of a bluish color, of the size of a small orange, and productive of pain on pressure. In all other respects the child was well formed and healthy. It was, Dr. G. remarked, a case of spina bifida—hydrorachitis—watery spine. Here all the contents of the spinal column protruded through a cleft in the sacrum. This tumor was filled with a serous fluid, and, as Magendie pointed out thirty-two years ago, it communicated with the ventricles of the brain. If the fluid were to be suddenly drained off, the child would be thrown into convulsions.

Dr. G. proposed to withdraw a portion of the fluid, and inject an equal quantity of dilute tincture of iodine. Operation postponed till next clinic day.

Spasmodic Stricture of Œsophagus.—This patient was a female, 20 years of age. She had had difficulty of swallowing for six months. The stricture was spasmodic; there were intervals of complete comfort.

A probang, tipped with an ivory ball, was introduced to ascertain the exact situation of the difficulty. It was found to be a little below the junction of the pharynx and œsophagus.

Cause—Some spinal irritation was observed here. Derangement of the general health, of digestion, or of the menstrual function, were frequent causes of stricture of the œsophagus.

Treatment.—Before instituting a method of treatment, the functions of the different organs should be examined into. Spinal irritation should be removed. If the menstrual function be deranged, we should correct this; we should improve the general condition of the system. As a temporary measure, nothing was better than the introduction of a probang beyond the seat of stricture. Pressure on the seat of disease was followed by a subsidence of the spasm. We should purge, pay attention to the secretions, and to the diet. In this way we might expect ultimately to effect a cure.

Dr. G. had a patient who for four years had not been able to eat at her father's table. Under his treatment she was now incomparably better, and able to eat with comfort.

Operation—Removal of Testis.—On the last clinic day this tumor of the testis had been exhibited to the class, and Dr. G. entered into a diagnosis on the principle of exclusion. It was not of a malignant nature, and the exploring needle had proved it to be partly fluid and partly solid. Velpeau had once found the remains of a fœtus in the scrotum of a man; such Dr. G. presumed was not the case here. It was impossible to say what it was. He proposed, after etherizing the patient, to introduce a trocar, and if he should find the parts greatly diseased, he should proceed to liberate the patient from this enormous mass by a further operation.

The puncture was made at the upper part of the tumor, and a fluid altogether unusual in appearance and consistence was discharged through the canula. It was a dirty looking fluid, amounting to 20 ounces, and containing more or less cholesterin—micaceous looking particles; it was evidently an old hydrocele. The remainder of the tumor was solid, and of large size.

Dr. G. then, by two elliptical incisions, sacrificing a small portion of the integument in front, proceeded to take off the skin by a rapid dissection, continuing it carefully around the cord; the penis and sound testicle being kept at a safe distance by an assistant. The spermatic cord was seized with forceps, before division, which strongly compressed it and prevented its retraction. There was no disposition to bleed after its division, although its veins were found enormously enlarged.

He should apply no dressing but cold water for the next four or five hours. It was of the utmost importance to secure every bleeding vessel; then he should bring the parts together with the interrupted suture.

Upon examination of the testis after its removal, it was found to be an encysted tumor—the *cystic testicle* described by Sir Astley Cooper. The cysts were congregated in immense numbers, from the size of a clover seed to a hazel nut; some of the younger cysts contained a serous fluid, the older ones a solid substance. He was not sorry that he had sacrificed the testicle.

October 19th..

Spina Bifida—Two Cases.—One of these cases was exhibited to the class on the last clinic day, on which occasion Dr. G. made some remarks upon the nature of the disease. Another case had since presented itself, and he proposed to perform upon both the operation recommended by Dr. Brainerd, of Chicago, namely: the withdrawal of a portion of the fluid, and the injection of dilute tincture of iodine, and iodide of potassium, with the view of exciting adhesive inflammation and a deposit of lymph. Various other methods of cure had been resorted to, usually fruitless of good results.

Operation.—A curved needle was introduced into the tumor through the skin, at its base, avoiding a

direct perforation, and a drachm of its contents drawn off by the puncture. A solution of one-eighth grain iodine to a drachm of distilled water was then introduced through the puncture by a syringe, with delicate beak, leaving the tumor nearly as tense as before the operation. A strip of plaster and collodion were applied to the puncture to prevent draining away of the fluid and the operation was complete, with no untoward result immediately following.

The *prognosis* was unfavorable; most die before the end of the first year, from ulcerative action and discharge of the contents of the tumor.

Operation for Traumatic Aneurism.—This patient presented a cicatrix upon the external side of the right leg, about three and a half inches below the head of the fibula. He was wounded in this place four years ago by an Indian arrow, pointed with a locust thorn; the withdrawal of the arrow was followed by a jet of blood. A pulsating tumor afterward arose, which ceased to have this character a few months ago. The patient suffers inconvenience and desires relief by an operation. There was a tumor upon the outside of the limb between the tibia and the fibula, evidently a traumatic aneurism, Dr. G. assumed of the anterior tibial artery, although he was by no means certain, that this was the vessel involved. He presumed that it was now filled by a clot. There was a probability that the injury was inflicted a short distance below the origin of the anterior tibial artery, and Dr. G. proposed to cut down over this artery between the heads of the tibia and fibula, turn out the clot and ligate the artery—a difficult operation, for the vessel here was deeply seated.

Operation.—The patient was etherized and a tourniquet applied over the femoral artery. An incision was made over the tumor on the anterior aspect of the limb, and an ovoidal clot turned out the size of an egg. It was found impossible to apply a ligature to the bleeding vessel, and the femoral artery was immediately ligated in the usual position; this failed to check the hœmorrhage, which was not arrested until the posterior tibial was cut down upon, and the ligature applied in two places.

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MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

OCTOBER 15TH.

Clinic of Dr. Halsey.

Hœmorrhoids.—A man aged 50 years was brought before the class. Has been affected with the piles for more than six months. During this time he has suffered severely at different periods with inflammation and swelling about the anus. The attacks have been so severe as to cause him to be confined to his room. On examination, we find several large hæmorrhoidal tumors on one side of the anus, and which are covered with mucous membrane, or rather a muco-cutaneous membrane. Sometimes their covering consists of the skin alone. At first these tumors are soft and fluctuating, containing venous blood, but as inflammation sooner or later is set up in them they become hardened from the effusion and organization of the plastic lymph. There are two kinds of piles, the *internal* and *external*. The former are often called blind or bleeding piles, as they are attended always by more or less hæmorrhage, and are not observable externally, except when forced down by the patient. Sometimes the bleeding is so great as to cause serious disturbance of the health of the patient. Hæmorrhoids are the effects of a varicose condition of the hæmorrhoidal veins which lie underneath the mucous membrane. Whatever cause that may produce an obstruction to the emptying of these veins will be likely to produce congestion and dilatation of the vessels. If the cause be continued for any length of time the dilatation becomes permanent, forming swellings or tumors in the folds of the anus, or under the mucous membrane of the lower part of the large bowel. These causes are various, constipation, pregnancy, congestion, or torpidity of the liver, etc.

The first symptoms that manifest themselves indicative of this disease are a pricking and itching sensation which is sometimes almost intolerable, they being much worse at night just when the patient has become warm in bed. There is a sensation as if there was a foreign body in the rectum, also a sense of fullness. When the tumors become large they interfere with walking on account of the pain and irritation the act produces, and patients come to us to get relief from this great annoyance chiefly.

In the treatment of this disease, the surgeon should seek out the cause and endeavor to remove this as well as to remove the tumors. The treatment will be constitutional and local. As these piles are external and hard we will remove them all by piercing them with a hook one by one, and clipping them off down to the base with the curved scissors. Internal piles should always be removed by the ligature on account of the great bleeding that may follow the operation, and the difficulty of controlling it.

We will order our patient to take about two scruples of the flower of sulphur twice a day to produce a soft and copious stool, and an occasional blue pill grs. v, to arouse the liver to greater action.

Chronic Rheumatic Arthritis.—The patient a young man, several years ago, when a child, had his arm broken near the elbow joint. He could never straighten it perfectly after this injury. Between two and three years ago he noticed first that he could not bend his arm as much as before, that the motion of the elbow joint was more limited, and it gave him more pain in damp weather. The motion has been getting less and less ever since. When we attempt to pronate and supinate the hand we find that these motions are limited also, besides, there is plainly to be felt a mucous crepitus when we rotate the head of the radius. Instead of finding the head of this bone smooth and rounded, it has an irregular feel as if there were a bony deposit upon it. This, no doubt, is the fact. In the dried diseased specimen which I hold in my hand, you will observe, that there has been thrown out a bony deposit on every part of the articulating surfaces of these bones at this joint. There results from such deposit, just what we have in the patient, a great limitation of the motions of the joint. This disease may occur in any of the joints, the hip-joint especially. The periosteum and the ligamentous tissues seem to be the principal parts that are affected at first, the disease being a slow and insidious form of inflammation of these structures which results in the deposit of these osteophytes.

When the disease is seen early, by the use of counter irritants, and the administration of iod. potassæ, it may sometimes be arrested. The treatment should be persevered in for a long time however, or no good results will follow. In this case, I would recommend blisters occasionally to the part, and

℞ Iod. potassæ, ʒij.
Syrupus sarzæ, fʒiv. M.

Take a teaspoonful three times daily.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

[Prepared for the MEDICAL AND SURGICAL REPORTER from phonographic reports.]

The regular meeting of the Academy took place October 19th, Dr. S. CONANT FOSTER in the chair.

In reference to the introduction of nostrums into the Academy, the Council reported the following resolution:

"Whereas, this Academy has no power or control over the manufacture and sale of these preparations, being only able to speak of the *particular samples* presented for their inspection and approval, they would, therefore, recommend the Academy to decline reporting upon them altogether."

On motion of DR. MCNULTY, the resolution was adopted.

DR. GRISCOM then made a motion to the following effect:

"*Resolved*, That the Council be requested to consider and report to the Academy on the propriety of excluding from the meetings of the Academy all reporters for other than medical journals;" which was agreed to.

DR. VAN KLEEK announced the death of Dr. John F. Ferguson, a fellow of the Academy, and a committee was appointed to prepare the usual resolutions.

YELLOW FEVER AND QUARANTINE.

In the absence of Dr. Watson, DR. FOSTER wished to state to the Academy what he knew to be the views of this gentleman upon the subject, on which he had had free conversations with him during his illness, and that Dr. Watson was in favor of laying the whole subject on the table.

DR. GRISCOM stated, that he had not intended to address the Academy further upon this subject; but he wished to make a few remarks upon some most extraordinary statements that had been made at the previous meeting—statements which, when they are repeated, would strike the Academy with utter astonishment. In the absence of certain individuals, however, he would postpone these remarks, and wait until they were present. He would only add, that, to judge from the debate on the resolution, the subject seemed to have been entirely misapprehended; whether intentionally or not, he would not pretend to say. The whole question had been entirely befogged the other evening, and the original question wholly lost sight of. He wished to be distinctly understood, that the question of fomites was not the question before the Academy, neither had it been the question before the sanitary convention. The true question was then, and is now, whether yellow fever was personally communicable. The subject of fomites was merely incidental, a proviso to the resolution, and had nothing to do with the main question. The resolution was introduced in order to obtain the opinion of the Academy, whether personal quarantine could be abolished, provided *fomites* be rigidly excluded; whether an individual sick with yellow fever could be introduced into the community with safety. The gentlemen, instead of discussing the main point, have entered into a lengthy debate on the existence or non-existence of fomites. Now the resolution simply declares, that personal quarantine of individuals may be safely abolished, and that is all. If there *are* such things as fomites, let them be excluded; and if there are *none*, why the proviso of itself does not create them, and its practical significance falls to the ground of itself. It harms no one, if fomites do not exist, as

some believe, because then there will be none to exclude; if they exist, however, as many are convinced, why then the proviso excludes them, as it should. The resolution was introduced with the proviso, to enable those who differ in their opinions regarding fomites, to vote on the main question of the communicability of yellow fever from person to person. He had not expressed an opinion in his paper as to the existence or non-existence of fomites; but only discussed, incidentally, what fomites *might* be, and their probable nature

Dr. Peter Van Buren would protest against the construction which Dr. Griscom had put on the resolution He thought that the whole resolution was before the Academy for discussion, and he did not see why the Academy should be confined to only one half of it. He thought that the discussion must necessarily take a broad range. He had an opinion on the subject, and at some future meeting might take the privilege of expressing it. As the resolution stands now, it intimates that fomites convey contagion, and that, therefore, quarantine is necessary. If not, why was the proviso introduced? In regard to the adoption of the resolution, he wished to say that he fully concurred in the sentiments of the President, Dr. Watson, as stated by the Vice-President, and hoped the whole subject would be quietly laid upon the table. It is quite certain that the gentlemen of the profession who had offered contrary opinions upon this subject will not have them altered in the slightest degree by the passage of this resolution. The doctor remarked, in conclusion, that it was very difficult for him to believe that fomites were not produced by emanations from the body of the sick person, and he was convinced that the clothing of the patient could become so saturated with the effluvia arising from the body, as to be capable of transmitting the disease to others.

Dr. Griscom remarked that no such idea was conveyed in the resolution. The question was, simply, whether yellow fever is contagious or not. The gentlemen should not pervert the strict meaning of the resolution and the proviso in this way; they must be candid upon this subject. Gentlemen speak about laying this whole matter upon the table.—What is this New York Academy of Medicine? Are we *men* or children, that we dare not come forward and express an opinion on this subject? Do the gentlemen fear that the passage of a resolution of opinion upon this matter would have the effect of putting the Academy of Medicine out of existence?

Dr. Post stated that obviously the object of introducing the proviso was not clearly understood. it was appended to the resolution for the sake of securing a unanimous vote upon the main question, and does not in any way express the opinion of the convention as to the existence, the non-existence, or the essential nature of fomites; but it simply declares, that if fomites exist they should be excluded, and on this we all must agree.

Dr. Van Buren said that he could very well understand that this had probably been the motive for which the proviso was introduced; but notwithstanding all that, let any individual read the resolution, and he can come to only one conclusion in regard to the matter, and that is, that the sanitary convention thought that fomites could communicate the disease; that, he thought, would strike almost any one as a necessary conclusion. The resolution says expressly that yellow fever is not communicable from person to person, and therefore personal quarantine may be abolished: but it would appear from the proviso that fomites may produce the disease; therefore the restrictions of quarantine are necessary, to exclude danger from this source.

A member here called upon Dr. Griscom to state his experience with yellow fever in the New York Hospital.

Dr. Griscom.—We had twelve cases in the hospital in 1856; two were under his own observation. Of the whole number, ten died and two recovered. They were all the worst kind of cases. Not one of these patients communicated the disease to another individual, and of course fomites were not present. He would again repeat that, in order to render clothing, bedding, etc., *fomites*, they must be steeped in an infected atmosphere; the emanations of the yellow fever patient did not, in his opinion, render the clothes infectious; to render them so the patient must have come from an infected locality, where the atmospheric and terrene emanations that produce the disease have saturated them.

Dr. McNulty proposed to strike out the proviso. It seemed to him that everything was perfectly clear up to this point. Then the matter is simply reduced to the question, whether yellow fever is to be considered as a contagious disease or not. He hoped that the members would come to a vote on this question, and decide it fairly and squarely, and not lay the resolution on the table.

Dr. Batchelder moved that yellow fever was not personally contagious. He wished to come to this matter directly through this motion, divested of any connection with the action of another body.

The reading of the resolution was then called for, when a motion was made to adopt the first clause.

The President called for a vote on this, but before it was taken—

Dr. Stevens obtained the floor. He remarked that, in the debate on this resolution, some remarks had been made on the character of the gentlemen composing the Sanitary Convention, which he very much regretted to have heard from members of this Academy. Having been chairman of the committee representing this Academy in that convention, he

felt bound to say, that a more enlightened body of gentlemen, many of whom were perfectly conversant with the subject of yellow fever, had never been assembled in this city, or, in his opinion, in the world. There the question was fully and ably discussed, and not a solitary instance of the contagiousness of yellow fever could be brought forth; and if the Academy attempt to disprove the truths contained in this resolution, they place themselves in the same position as the College of Physicians in England, when they attempted to disprove the discovery of the circulation of the blood by Harvey. It was kicking against bricks and biting against a file. He desired to rescue this society from doing anything of this kind. If you vote this resolution down, or lay it on the table, what will men say all over the country? Why here are a parcel of physicians laying down laws in contradiction to facts. If thus you rush into the rejection of that resolution, you rush headlong into disgrace. But excuse me, perhaps I speak too freely; I am willing to do anything to save your credit.

Dr. Sayre moved that the whole matter be laid upon the table. There was not one in ten in the profession who knew anything practically of this disease. Neither did many of the men who voted in favor of the resolution in the Sanitary Convention know anything more about the disease than the man in the moon. All they cared about was to go to the dinner at the Astor House or St. Nicholas; and the first thing they knew about the vote, was when they saw their names in the newspapers.

Dr. McNulty called the gentleman to order.

Dr. Sayre: I can give you the names if you want them; Dr. Lee Jones was one.

After some promiscuous debate an amendment to strike out the proviso was made and accepted by Dr. Griscom.

Dr. Reese, who had a few minutes before entered the room, next obtained the floor. He said, that he wanted to be heard very briefly, if that question was still open. He need not say to the Academy, with the sentiment thus far expressed, that he agreed entirely with the resolution, as it stood now without the proviso, but he would not vote for it, on account of the manner and circumstances under which it had been introduced in this body. It was unprecedented that a preamble and resolution should be presented before a body of this kind unless the preamble recites some *reason*, upon which the resolution is based, or some *ground* for the adoption of the resolution. Whereas this house is burned down, therefore resolved, that we proceed to build it up; in that case the preamble gives some reason for the adoption of the resolution. What is the character of this resolution before you? Whereas a convention adopted such and such resolutions, therefore resolved, that the Academy adopt them. (The Doctor was here informed that both preamble and proviso had been withdrawn, and were hence not under discussion.) That places the resolution then altogether in another light. It was chiefly in regard to fomites, that I wished to be heard. He would offer as an amendment the following:

"*Resolved*, that in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by fomites, therefore we deny that fomites can convey the disease."

Dr. Reese then went on to repeat the statements made in his paper read at the previous meeting, relating to the Sanitary Convention held in Philadelphia in 1858, where the same men had distinctly announced that yellow fever was *not communicable by fomites, but from person to person, while this New York Convention passed a resolution that it was not communicable from person to person, but by fomites.* He considered the latter proposition as far more dangerous to commerce than the former, and yet the Academy is called upon to endorse this resolution. He was prepared to show by the most direct evidence, by proof perfectly *irresistible*, that fomites never communicated yellow fever, and the same of plague and every other infectious disease. Why is the proviso now withdrawn, when we are ready to discuss it and show its fallacy? Discretion seemed however in this case to be the better part of valor, and he would ask the mover of the resolution to withdraw it, or the Academy to lay it upon the table as the only means of saving the honor of the Academy, and thereby show a decided disinclination to express any opinion upon the subject. He objected against the endorsement of the resolution, even after the withdrawal of the fomites. Let the resolution be withdrawn altogether or laid upon the table.

Dr. Griscom said that he had a serious duty to perform. He would show, that statements had been made before this Academy at its last meeting, and had been repeated here to-night, which were false from beginning to end, and whoever it concerns must bear the brunt. It is not sufficient to have defamed that convention, as composed of the odds and ends of boards of health! He stood here to vindicate the profession of the United States, which had been assailed, and it was not his fault if in doing so he must expose *falsehood*. (Calls to order.) He was ready to answer for all that he said. It has been twice declared, to-night and at the previous meeting, that the Convention in Philadelphia in 1858 passed a resolution, directly the reverse to that of the Convention in New York. He would ask gentlemen to bear that assertion in mind and never to forget it. There *was no Con-*

vention held in that year in Philadelphia, none sir! This is falsehood number one In that year the Convention was held in Baltimore. In 1857, a Convention had been held in Philadelphia. And as regards the resolutions, which are alleged to have been passed, *contradictory* to those in New York, he held in his hand full minutes of the proceedings of both the Baltimore and Philadelphia Conventions of 1858 and 1857, *and not one single thing of that sort is to be found in either of these books.* This is falsehood number two; the whole story is made of whole cloth, and false from bottom to top.

In the paper which he had read before the Academy, it was laid down as a law, that two distinct causes cannot produce the same effect. If yellow fever be caused by emanations from the living body, it cannot be the result of terrene exhalations or the decomposition of vegetable matter. But if on the contrary, as is now well settled to be the case, it is the result of terrene exhalations and decomposing vegetable matter, then it cannot at the same time be the result of animal emanations, and hence cannot be communicable from person to person. If the result of animal emanations, then it might be contagious, and not till then.

Dr. Rush had been declared on this floor as no authority, and why? Because he had the magnanimity to change his opinions upon this subject. He considered that very fact as giving him the highest title to authority. When a man not only changes long-cherished opinions, but has the magnanimity and the candor to come out and publicly acknowledge his previous error, he considered him the most exalted man living.

In conclusion, the Doctor remarked that he held in his hand the minutes of the Sanitary Convention. Recorded in this compendious volume as members of that Convention, which had been so much defamed here, were the names of nearly fifty of the most distinguished members of this Academy. Here they are recorded as having taken part in its discussions. It was one of the most distinguished collections of men that he had ever seen; the American Medical Association never surpassed it. *These* were the gentlemen that had been referred to as the "odds and ends" of boards of health. The Common Council of the city of New York have done an inestimable service to the medical profession in getting up this volume. It is a masterly production. The code of sanitary laws here published, is a most excellent compendium of sanitary matters, and will be the guide to sanitary improvement for every city in the United States in the course of time. In behalf of the Common Council of the City of New York he presented this, the first volume, to the library of the Academy of Medicine.

Dr. Francis remarked that he thought this subject should be laid aside, many members being absent. He was fairly tired of this discussion on yellow fever. We may discuss it from now till new-year, and we will never come any nearer to its settlement. All that can possibly be said upon the subject has been heard, and he thought it would be better to cut it short. How are we to determine the primordial origin of yellow fever? Some consider it as purely an imported disease, others think that it may have its origin here. Some think that it has an animal, others that it has a vegetable origin. Therefore you may fall back upon the theory of Dr. Adams that yellow fever is a specific disease, the cause of which we know but little about.

He thought that the personal communicability of this disease had been here discussed in a very extraordinary way; he could not see how such a strong line could be drawn between fomites and personal contagion as had been attempted in this debate. If such a thing can be carried out as to divest a man of all fomites; if a man is to be stripped and turned out into the streets entirely nude; if you can accomplish such a thing, (which may be very good in theory,) into practice, you will institute a new system in medicine, which indeed will have a very remarkable effect. It will be a curious sight to see these men divested of all fomites, walk about in our streets. It reminded him of the people walking about the streets of London with bladders filled with vital air, which they breathed to prolong their existence.

He did not wish the Academy to come to a vote on this resolution. He wanted the Academy to stand upon its own foundation, and not to be playing second fiddle to the sanitary or any other convention. Finally, he suggested that a committee be appointed to investigate the subject and report upon its merits on some future day. Then with our eyes open, and our ideas expanded, we shall see what we will be able to do with this most intricate resolution.

Dr. Stevens would be very glad to descend from the high metaphysical tone, which the discussion had assumed, down to a little plain common sense. It was Rousseau, he believed, who, when he had written a work, was in the habit of reading it to his chambermaid, and if she could not understand it, he would never publish it. Now, if we cannot conduct this discussion in such a way that any plain, sensible man can understand it, we are talking to very little purpose. The question should be considered in the view of *facts*, aside from mere theoretical reasoning.

No evidence has been introduced to show that yellow fever has ever been communicated from one person to another; if you wish to break down that

resolution, you must bring forward your *facts* to the contrary. A great deal has been said about fomites, so much indeed, that the whole subject seems to have become mystified. Nothing however is more plain and clear than this part of the subject, if viewed with a little common sense. Clothes may imbibe infectious material from an infected place, and any person coming in contact with the person wearing those infected clothes may catch the disease; this is what is meant by fomites. A person with yellow fever cannot give the disease to his clothes, and so personally communicate it. The clothes, it should always be borne in mind must come from an infected place. Some gentlemen have ridiculed the idea of fomites. But he would state a case in point. Clothes coming from the West Indies, where yellow fever was prevalent at the time, were put up in the garret at a house in Tenth street, and the next spring a person, who opened the trunk and handled the clothes, caught the disease.

(A MEMBER: Copland's dictionary contains a number of such instances.)

In 1819 and 20, when the yellow fever was prevalent in New York, as soon as the persons were taken away from the infected district, every one went to see them with perfect impunity, and not one took the disease. He would beg the gentlemen to confine themselves to *facts*, and not endeavor to obfuscate plain common sense evidence. It had been remarked, that this resolution should not be passed, out of respect for the feelings of certain gentlemen. If you will make a preamble to that effect, stating that on account of Dr. A. or Dr. B. you will not pass the resolution, I consent; otherwise these gentlemen have no right to stand in the way of truth.

DR. REESE. Though the subject of fomites had, as he was informed, been withdrawn, yet as the discussion had taken on a wide range, he desired to say something about fomites. The whole subject of fomites had been thoroughly investigated by a committee appointed by the British Parliament. This investigation was entered into with great zeal and ability, and a determination to arrive at the facts by all connected with it, from the highest to the lowest. The witnesses examined before that committee were put on oath, and examined separately. Cotton, pillows, all manner of clothing, beds, and mattresses, upon which patients hundreds and thousands had slept and died, were scattered abroad, yet not one single person took the disease from them. The history of epidemics in New Orleans established the same facts, and never, wherever yellow fever has prevailed, had fomites communicated the disease any more than it had been spread from person to person. These are the accumulated facts, that can be presented in every country under heaven where the disease has existed.

DR. STEVENS. This is certainly not applicable to this country. We have no occasion to go abroad for evidence; we have enough of it here. He doubted very much whether any man would dare to sleep upon a bed that I will bring him from the West Indies.

DR. REESE. There *is one*, that is, after the bed has been made clean. He had slept on beds on which yellow fever patients had died, and they were infected certainly, if the theory of fomites were true.

DR. STEVENS. That may be true: but it must be borne in mind that it requires a certain degree of intensity of the fomites to render them capable of spreading the disease.

DR. REESE. My opinion is that the disease is just as contagious as a broken leg, and no more. It was a very easy matter to dispose of the whole question—let the mover withdraw it. Retreat is better than defeat. He would not have the slightest objection to have a committee appointed to report upon the subject; he should be rejoiced to see such a report from men who know something about yellow fever.

DR. A. K. GARDNER would ask whether, in a case where a man had died at quarantine from yellow fever, and a bottle of black vomit, the liver and other viscera were brought up to the pathological society and exhibited there, together with the patient's clothing, the clothes, if infected, would communicate the disease, while the morbid specimens would not.

DR. STEVENS. That is no evidence that the clothes, even if they communicated the disease, obtained their infectious power from any secretion or excretion arising from the body of the patient.

DR. STERLING remarked, in regard to the statements of Dr. Reese, that he had also read the report of the committee of the British Parliament very carefully, but did not think that clothing, bedding, mattresses, etc., had been referred to in that connection at all; it related solely to merchandise. He did not believe that merchandise would communicate the disease, but he did think that passenger's effects, such as baggage, clothing, etc., could. When the yellow fever broke out in Mobile on the 12th of August, 1853, it appeared shortly afterward at Citronelle, a small village 18 miles distant from Mobile, on the 11th of September, 1853. The principal connection between Mobile and Citronelle is by railway. The village contains about 350 inhabitants. A car proceeding from Mobile, containing baggage, stopped at the village. When this baggage car was opened, many people took the fever, and many died. Sixteen out of eighteen of the employees at the depot, besides a number of operatives, were taken with the disease, and also fell victims. Clearly in this case, the disease was communicated by the baggage which had come from Mobile, be-

cause it was ascertained that the first ones who took the disease, were those who unloaded the baggage from the cars. He did not believe that a single instance could be traced where a yellow fever patient, removed to a *pure* atmosphere, has ever communicated the disease to another. As to the spreading of the disease after it had been lighted up by these fomites, that may readily be accounted for from the fact that Citronelle had been settled but very recently; a great deal of ploughing up and disturbance of the soil had taken place; circumstances which, as is well known, are always very favorable to the spread of the disease.

A ship came from the West Indies with many yellow fever patients on board. They were distributed throughout the quarantine hospitals in alternate beds with the other patients, and yet not one instance occurred where they communicated the disease to others. From all these facts, he could come to but one conclusion, namely, that the resolution embodied the truth, and was a humane one, and he would therefore support it.

Dr. Peter Van Buren agreed with the opinion expressed by Dr. Mott at the last meeting. He was in favor of the personal communicability of the disease under certain circumstances, but still not at all times, and requested that before the Academy was forced into a vote on this resolution, that more time should be allowed, so that opportunity might be given to produce facts showing the contagiousness of the disease.

Dr. Stevens moved an adjournment in order to give the Doctor time to bring forward a case proving that yellow fever was contagious, and this case must be derived from his own experience, and not from books.

Dr. Van Buren replied that that was impossible for him, as he had never seen a case, and had, therefore, but little experience on the subject. He formed his opinion from what he had read.

Dr. Griscom then moved that the resolution be adopted, upon which

Dr. Sayre moved that the whole subject be laid upon the table, which motion having precedence, it was voted upon and carried by 23 votes in the affirmative against 18 in the negative. The Academy then adjourned.

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The Treatment of Tetanus by the Woorara Poison has been attempted in Paris, the *Lancet* says, by injecting into the cellular tissue solutions containing at first a tenth of a grain, then the half of a grain, and finally a whole grain. No particular effect was produced, the spasms increased, and the patient died eight hours after the experiment.

EDITORIAL DEPARTMENT.

Periscope.

Chassaignac, the popular French surgeon, recently punctured a carotid aneurism, having mistaken it for an abscess back of the pharnyx. Compression failed to stop the hæmorrhage, and he immediately ligated the common carotid with complete success.

Hematic Capsules, (Ibid.)—A French pharmacien has prepared capsules containing concentrated arterial blood of the sheep, ox, etc., to be administered to weak and anæmic patients. The blood is evaporated in vaccuo, and a small quantity of the phosphate of soda added, to assist the solubility of the solidified fibrine.

A case of recovery from poisoning by fifteen grains of the Acetate of Morphia, is reported in the *Union Médical*. It was swallowed immediately after dinner, and an emetic was not administered until the patient awoke at four o'clock the next morning.

Section of the Popliteal nerve for neuralgia, with successful result, is reported in the *Lancet* by Mr. Hooker. A woman, aged twenty-five, had suffered, for the last ten years, excruciating pain in the left leg. The muscles of the limb were atrophied, and there were ulcers, said to be peculiar to disease of the sensitive nerves. Amputation was earnestly requested by the patient, and death seemed imminent from suffering and exhaustion.

The division of the nerve was accomplished in the popliteal space, but on the day after the operation, the pain was as bad as ever. From that time, the pain gradually decreased, and the ulcerations on the leg healed. At the time of the report she had not suffered any pain for eleven weeks, and her general health was greatly improved.

Live Slugs in the Human Stomach.—Mr. Dickman says, in the *Lancet*, that his patient, a girl aged twelve years, after being nauseated at times, particularly after meals, vomited up a large garden slug, which was alive and active. On the next day she vomited two more, and on the following day threw up five of various sizes, the smallest two inches long, and all alive. The nausea and the sensation

produced by still more of them crawling in the fauces and esophagus continuing, ammonia and camphor were administered until all movement ceased, and the patient appeared well.

Mr. D. states that the child was in the habit of eating lettuce in the garden, and he supposes that the slugs were swallowed while very young, and that the gastric fluids could not destroy them while alive.

Patients at the Lunatic Asylum at Zurich, who refuse to eat, the *Lancet* says, are put under the influence of chloroform. It is not necessary to repeat the operation more than two or three times to insure perfect success in overcoming the aversion to food.

Metallic Wires in Hydrocele.—The *Lancet*, at the conclusion of a report of some successful cases of hydrocele thus treated, says:—"Mr. Pollock considers the advantage of using the wire seton to be, that the patient suffers much less pain than when the sac is injected with iodine; in other respects the results are about the same."

Iodine as a disinfectant.—Bionet says, that the foulest sores may be rendered entirely free from offensiveness by applications of tincture of iodine.

Toxical Properties of Chlorate of Potash.—Mr. Osborn, in an article in the *Lancet*, cautions the profession in the use of this article. He has seen congestion of the brain and convulsions follow its use in children. He took, as an experiment, at intervals of some weeks, doses of from five to fifteen grains of the chlorate, which were followed by pain in the head, symptoms of congestion of the brain, slight paralysis of one side of the face, and loss of taste. He thinks that in all cases of disease accompanied with inflammatory fever, and where there is a tendency to hydrocephalus in children, great care should be observed.

Amputation of the Penis.—To obviate the difficulty of keeping the orifice of the urethra open after amputations of the penis, Mr. Teale advises, that the urethra be slit open to the extent of two-thirds of an inch; the skin and mucous membrane on each side are then united by sutures. A free opening is thus secured until cicatrization is completed.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 29, 1859.

LONDON COLLEGE OF PHYSICIANS.

At a time when exertions are being made by the "College of Physicians of Philadelphia," to erect a suitable fire-proof building for the reception and safe-keeping of the Mütter Museum, and a rapidly increasing library, and a suitable lecture-room, it may not be amiss to say a few words respecting its ancient English prototype, the London College of Physicians. We shall do so; not so much as a matter of history, but that we may have the opportunity of noting the liberality of the founder and first presidents of this latter body. The college was constituted as a corporate institution by letters patent from Henry the VIII., in 1518. Its early meetings were held in the house of its first president, Dr. Thomas Linacre, the first English translator of the works of Galen. Not content with founding two medical lectureships at Oxford, and the same at Cambridge, he bequeathed to the college his house, in which, during a period of seven years, or up to the time of his death, in 1524, it had held its meetings. Dr. John Cains, or as he was sometimes called, Kaye, or Key, succeeded Linacre in the presidency. Like him, he had traveled in Italy for his improvement in the study of medicine, and after having resided in Padua and Bologna, where he took his doctor's degree, and was for some years Greek Lecturer, he pursued his travels through Germany and France. After his return, he obtained permission to advance Gonville Hall, Cambridge, into a College, under the name of Gonville & Cains College, on the condition of enlarging the institution at his own expense; and in order that he might devote himself the more entirely to his favorite project, he resigned the presidency of the College of Physicians.

We must hold in grateful recollection the liberality of Cains, when we know that the ever celebrated Dr. William Harvey was of Gonville & Cains College. Like his predecessor, he visited France, Germany and Italy,

in order to perfect himself in the science of medicine. At Padua he studied under the most eminent professors of that University, then at the height of its reputation; and in the Anatomical School of Fabricius he caught the first idea of his great discovery, by attributing their true office to the valves of the veins, exhibited, but not explained, by his master. In 1616 or 1619, Harvey announced and explained his discovery in his lectures before the College. He was unanimously elected President of this body in 1654, but he excused himself from filling the office on account of his age and infirmities. This circumstance did not, however, prevent him from evincing his attachment to the College by *donationes inter vivas*, the most useful and sincere of all donations; and in 1656, two years before his death, he made over his personal estate in perpetuity for its use. In a garden belonging to the College, Harvey had built at his own expense, an elegantly furnished convocation room, and a museum filled with choice books and surgical instruments. These buildings he presented by a deed of gift to the College. The institution was further enriched by the will of Sir Theodore Mayerne, Physician to Charles I. and Charles II., who left to it his library.

The College of Physicians of Philadelphia can also point to the names of its munificent donors—Mütter, in the bequeathing of his museum and a fund of thirty thousand dollars for its support and increase, and Betton, in his gift of a rich library. With such examples, there cannot be a lack of funds for the erection of the contemplated building, from the wealthy members of the profession. Nor need the stream of liberality flow from this source alone. A share may well come from the general community, which has a direct and permanent interest in whatever is calculated to sustain the dignity and extend the usefulness of the science and art of medicine.

PENNSYLVANIA HOSPITAL.

For the first time this season, we stepped into the amphitheatre of the Pennsylvania Hospital, a few days ago, during lecture hour, where we had the pleasure of hearing Dr. J. Forsyth Meigs, whose first term of service expires, we believe, this week. The class was very large, intelligent, and attentive.

It is due to Dr. Meigs, to say that we formed a very favorable opinion of his abilities as a clinical teacher. Of the *matter* of his clinical instructions, our readers can form some idea from the outline of his remarks which have appeared from week to week in our pages. His *manner* is earnest, impressive, and calculated to fix the attention of the student, and he evinces an interest in, and acquaintance with, the cases he brings forward to illustrate his theme, which shows that he is familiar with his subject. His appointment to this responsible post is creditable to the judgment of the trustees of the hospital.

Dr. Meigs will be succeeded by Dr. Gerhard, who has long been a favorite clinical instructor in this time-honored institution.

Correspondence.

KAPPA-LAMBDAISM AND THE LONG ISLAND COLLEGE HOSPITAL.

Brooklyn, October 10th, 1859.

That nefarious organization which, under the innocent pretence of a social gathering of congenial physicians, had no other aim than to rule both the profession and the public hospitals of New York and its adjoining cities, is still at work. The revelations concerning this selfish and impudent body, and the severe attacks upon its machiavelian policy, have as yet borne no fruit. The Kappa Lambda Society has become cautious, that is all, and manages its affairs with more secresy and shrewdness, in order to soothe the public indignation; but it has by no means yielded.

It is true that the Kappa Lambdas were defeated in some of the appointments of Bellevue Hospital, and they had to submit to the introduction of outsiders. It is equally true that they were badly beaten in the famous Whitney case, involving a most outrageous intrigue against Dr. Green. But, by degrees they will recover from their misfortunes, and re-establish their power on a firm footing. The past history of that society is highly suggestive in this respect. When the Kappa Lambdas lost their influence upon the New York County Society, they framed the Academy of Medicine, and had their undisputed sway. Since they have become con-

vinced that their reign is seriously endangered by intruders, they have thought of a new scheme, and the association of alumni has been found a most appropriate substitute Thus we see that the fertile mind of these schemers is inexhaustible in new devices to secure their hegemony, and unless carefully watched and denounced in every one of their movements, the profession will have to suffer in one way or an other.

Whilst some of the late opponents of the Kappa Lambda society, flatter themselves with the sweet hope of having most effectually annihilated the organization, resting self-contentedly from their extraordinary labors, we have to put on record a new action in which that body glorifies. And this is no more or less than the destruction of the Long Island College Hospital of Brooklyn. Your readers will still remember that this institution, some eighteen months ago, was solemnly inaugurated under the most auspicious circumstances. In its establishment the most wealthy citizens of Brooklyn, and some of the best and most energetic medical men had embarked. Under their fostering care it rose in a comparatively short time to some eminence, so as to cause the apprehension and jealousy of the notorious New York clique. The plans were thereupon laid, and succeeded admirably, first to deprive the Long Island College Hospital of one of its most efficient medical officers, and subsequently they brought the whole enterprise to a perfect stand-still. The attempt to convert it into a filial institution of the New York College of Physicians and Surgeons, and to fill its respective chairs with the sycophants of the latter, signally failing, they tried to append it to the City Hospital of Brooklyn, whose officers are mostly adherents of the Kappa Lambdas. But this piece of impudence was rather too strong for the Board of Regents, and prevented by their charter to free themselves of the obnoxious medical counsel, and to place the institution in better and honest hands, they preferred the destruction of the institution. And this is the last you will hear of the Long Island College Hospital.

Though the Kappa Lambdas were not powerful enough to accomplish their plan of annexation, yet they were wicked and strong enough to destroy the enterprise, and this is most assuredly a partial victory.

The same party policy rules over the fate of our County Society, and has brought it more than once to the brink of destruction. At the present there is again a faint rise of energy, instigated by the competition of a rival society, but that will soon be at an end, and we shall again pull our night-cap over our ears and sleep soundly.

But, you will be anxious to know the names of the crafty undertakers. I hardly think it would be wise to give them notoriety beyond our city limits. This much, however, I may let you know, that they are Kappa Lambdas, and the initiated of its oracle. You have never crossed them where science has erected its throne, or where acts of charity are needed. They are, in fact, the veritable know-nothings of the profession.

Items and Miscellany.

Medical Board.—A board of medical officers of the army will assemble in Washington city on the 1st of November, to examine, select and report upon the models of ambulances which will be submitted to them, with a view to the selection, for the public service, of such model as they may think most suitable. They will also examine the present standard supply table with reference to field service, and make suggestions thereon as they may deem expedient. The following officers will compose the board—Surgeons C. A. Finley, R. S. Satterlee, C. S. Triplett, and M. Cuyler; Assistant Surgeon R. H. Coolidge to be recorder of the board.

Liberal Bequests.—The late Mary M. Ricketts, widow of Philip Ricketts, among other bequests, amounting in the aggregate to $35,000, left $10,000 to the Pennsylvania Hospital, and $5,000 to the Hospital of the Protestant Episcopal Church, of this city.

The Cleveland Medical Gazette will please notice that they have erroneously announced Dr. D. F. Condie, of this city, as President of the *Michigan* State Medical Society, instead of the Medical Society of the State of Pennsylvania. The compliment paid to him in the announcement, is deservedly bestowed.

Leave of absence for sixty days, with permission to apply for an extension of four months, has been granted to Assistant Surgeon C. T. Alexander, Medical Department.

James McMaster, of Pittsburg, has been commissioned as Assistant Surgeon of the Navy.

Lebert, the distinguished Physiologist, has been offered the Professorship of Clinical Medicine in the University of Breslau, made vacant by the resignation of Frerichs, who succeeds Schönlein at Berlin.

Dr. Theophilus Thompson has resigned from the Consumption Hospital at Brompton.

The Humboldt Institute.—The *Scientific American* says that "immediately after Humboldt's death, a meeting of ministers of state, foreign ambassadors, and men of science and of business, was held in Berlin, in order to determine in what way they might best testify their respect for his memory. It was unanimously deemed best that Humboldt's monument should be one which might exert a living, active influence, by promoting the advancement of the sciences, and especially those in which he took particular interest. It was decided to inaugurate a movement which should not be limited to his own city or nation, but which, extending beyond the boundaries of Prussia, of Germany and of Europe, should be shared in by the whole civilized world. A committee of nineteen was appointed to carry out these views, and has issued a public address, inviting contributions for the foundation of an institution dedicated to Humboldt's memory, bearing his name, and devoted to the furtherance of the sciences in whose field he most labored—especially to natural history and geography in its widest sense.

The plan contemplates the equipment of able men for special researches and explorations, the immediate selection to be made by the Royal Academy of Sciences at Berlin. It is intended that the funds shall be employed to enable men of known ability to prosecute special researches attended with expenses beyond their means.

Contributions will be received and transmitted by Dr. Jacob Bigelow, President of the American Academy in Boston, and by Professor Louis Agassiz, or Dr. B. A. Gould, Jr., in Cambridge, Mass."

Royal Modesty.—Prince Albert, as President of the British Association for the Advancement of Science, which lately met at Aberdeen, made an introductory speech which does him great credit, as he paid the highest possible compliment to those who are engaged in scientific pursuits. He said his election was an act of humility on the part of the members of the association; but although he felt unworthy of occupying his position, yet it would have appeared like pride on his part if he had refused the honor. He accepted the situation as the representative of the people and as the husband of the Queen, to testify their appreciation of the labors of the Association for the Advancement of Science. We give the following paragraph from his speech:—"Science is not of yesterday. We stand on the shoulders of past ages, and the amount of observations made and facts ascertained have been transmitted to us and carefully preserved in the various storehouses of science. Other crops have been cut, but still lie scattered on the field; and many a rich harvest is ripe for cutting, but waits for the reaper. Economy of labor is the essence of good husbandry, and no less so in the field of science. Our association has felt the importance of this truth, and may well claim, as one of its principal merits, the constant endeavors to secure that economy."—*Scientific American.*

Dr. James Laws, of the U. S. Navy, and lately from a cruise on the coast of Africa, has given us the following description of the manner in which the negroes on the coast administer an enema. A conical gourd having a hole in each end, is filled with an infusion of some herbs, and the narrow end introduced into the anus. A person then applies his mouth to the hole in the large end of the gourd, and the liquid is forcibly blown into the rectum.

Prince Albert has given £100 toward the proposed Humboldt foundation for Physical Science and Travel.

An unusual number of students, it is said, have entered the Medical Colleges of London for the present session.

Baron Liebig has broken his leg. He is said to be getting along comfortably.

The success in the treatment of the wounded in India, is said to be greatly owing to the use of the *dooley* for their conveyance.

Dr. S. W. Gross will commence a practical course on operative surgery, on the first of November. Lectures and demonstrations will be given, and each student will have an opportunity of performing operations on the cadaver, under the directions of the lecturer. (See his advertisement.)

Dr. D. D. Richardson will commence his course of lectures and clinical instruction on thoracic diseases at his rooms, Sansom street, below Tenth, on Monday next. Opportunities for practical examination of patients will be given in the Philadelphia Hospital.

We direct attention to an advertisement offering the sale of an eligibly situated Drug Store.

One hundred and twenty persons perished in the Franklin expedition. . . . The cornelian, a beautiful variety of quartz, much used in jewelry, has been recently found in abundance on the shores of a small lake in Minnesota. . . . The brilliancy of the oxy hydrogen or drummond-light has been increased by emitting the jets of gas under pressure of a force-pump, while the lime upon which they are thrown is made to revolve, presenting continually a new surface to the flame. . . . Dr. Watson, a British Naval Surgeon, was wounded during the recent battle in China . . . The body of the late King Oscar, of Sweden, was injected with a mixture of arsenic, turpentine and essential oils. . . . The only medical relic of the Franklin expedition, secured by the successful searching company, is a medical prize medal, which had belonged to Surgeon McDonald, of the expedition. . . . An extensive and fatal epidemic of dysentery is prevailing in Norway. . . . Tungsten, a hitherto useless metal has recently been combined with iron, and a compound, equal in hardness to steel was the result; fine cutlery has been made from it. . . . The apothecaries of Ghent have made an arrangement among themselves, by which a prescription, or its copy, which may be prepared by another pharmacien, shall be marked with its original price, so as to prevent under-selling. . . . Dr. Jewett, of Boston, has ascertained that the horse chestnut will produce starch abundantly; he has extracted it in such quantities that it is supposed that it may be done profitably. . . . The course, which it is now known, was followed by Sir John Franklin and party, is the one which years ago was indicated by Dr. King, who volunteered at the time to conduct an expedition for their relief. . . . Hugh Miller's Museum is to remain in Edinburgh. It is valued at fifty thousand dollars. . . . The Prince of Wales has entered as a student at the Edinburgh University. . . . De Lapeyronie and Barthez are to be honored with statues at Montpellier. . . . Prince Albert is for this year, President of the British Association. . . . Humboldt's library, which was announced as having been purchased first by the American and then by the British Minister at the Court of Berlin, has not after all been sold, but is being catalogued, and will be kept in Berlin. . . . The cost of disinfecting the Thames, at London, during last summer, was more than eighty-eight thousand dollars. The disinfectants used were 4,281 tons of chalk lime, 478 tons of chloride of lime, and 56 tons of carbolic acid.

Erratum.—In our last number, on p. 99, third line from bottom of second column, for "acetate of potash ℥j every four hours," read ʒj. Subscribers will please turn to that number and make the correction.

To Correspondents.

W. E. A., Indiana.—We would consider the name of *Powers, Weightman & Co.*, as a sufficient guarantee for the quality of any article bearing their label.

Dr. A. G. W., Pittsburgh.—Artificial eyes may be obtainced from L. C. Banersach, German importer, No. 502 Market street, who has the largest assortment in this city. The price is, we believe, ten dollars.

COMMUNICATIONS RECEIVED.—*Conn.*, Dr. John B. Lewis—*Geo.*, Mr. Solomon Cohen—*Illinois*, Dr. J. M. Mack—*Ky.*, Dr. G. W. Ronald, (with encl.)—*Mass.*, Dr. G. W. Snow, (with encl.)—*Md.*, Dr. W. S. Forwood—*New York*, "Gotham," Dr. Ch. F. J. Lehlbach, Dr. L. Elsberg, Dr. M. Stephenson, Dr. H. Adams—*N. C.*, Dr. W. T. Howard, (with encl.)—*Ohio.*, Dr. P. H. Clark, Dr. D. G. Proctor, Dr. P. W. Chase, Dr. Geo. Liggett, (with encl.,)—*Penna.*, Dr. A. G. Walter.

Office Payments.—Drs. F. E. Luckett, J. E. Garretson, Jno. F. Lamb, B. M. Collins, W. S. Forbes, J. F. Shaffner, L. E. Nordman.

MARRIAGES.

ANDERSON—HIGBEE—In New York, Oct. 24th, at St. Andrew's Church, by Rev. Geo. B. Draper, C. Van Allen Anderson, M. D., and B. Alice, second daughter of Rev. E. Y. Higbee, D.D., all of that city.

BUTLER—SPARKS—In Van Buren, Ark., Sept. 27th, by the Rev. Thomas H. Urmston, James H.. Sparks, Esq., junior editor of the Fort Smith, Ark., *Times*, and Miss Abbie Sarah Butler, daughter of the late Dr. Elizur Butler, of that city, and sister of the senior editor of this journal.

KENNEDY—PATTERSON—On the 12th instant, at Fairview, Lancaster county, Pa., by the Rev. C. W. Stewart, Dr. David D. Kennedy, of Oxford, Pa., to Miss Harriet, daughter of James Patterson, Esq.

STONES—HART—On the morning of the 11th instant, by the Rev. Dr. Ducachet, Theodore H. Hart to Carrie S., daughter of Samuel Stones, M. D., both of this city.

THURSTON—BUTTS—At Westerly, R. I., Oct. 12th, Mr. Isaac Butts, of Boston, to Eliza, eldest daughter of Dr. Wm. Torrey Thurston, of Westerly.

YOUNG—YOUNG—On the 13th instant, at "Kennilworth," the residence of Dr. Wm. Young, by the Rev. Wm. A. Sproule, Wm. Young, Jr., M. D., of Philadelphia, to Elizabeth J. Young, of Pittsburgh, Pa.

DEATHS.

BROWN—At Newport, Perry county, Pa., on the 18th instant, Robert S. Brown, M. D., aged 38 years, 8 months and 24 days.

BARRATT—The Abbeville (S. C.) *Press* says:

"We regret to announce the death of Dr. J. P. Barratt, a well known and highly respectable citizen of our district. The doctor had long been affected with cancer of the stomach, and his death was not unexpected. He was a man of strong and vigorous mind, and had made no ordinary attainments in science. In the various departments of natural history, we suppose that he had few equals in the State, and he enjoyed the friendship and esteem of Bachman, Agassiz, and other distinguished names. He was a man of high character—a noble gentleman and a public spirited citizen. His death is a public loss."

Dr. Barratt's name has long been familiar to us as one of the most prominent physicians in his State. The medical society records, and the medical journal of South Carolina contain, evidences of his talent and industry. We trust that his mantle has fallen on some one who will prove a worthy successor.

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Also to the EDITORS OF THIS JOURNAL. 155

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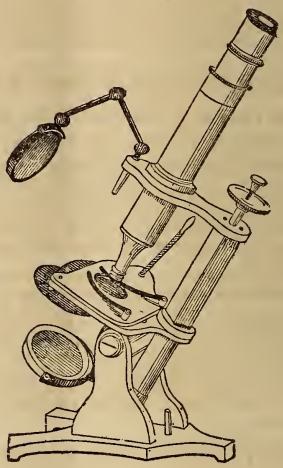

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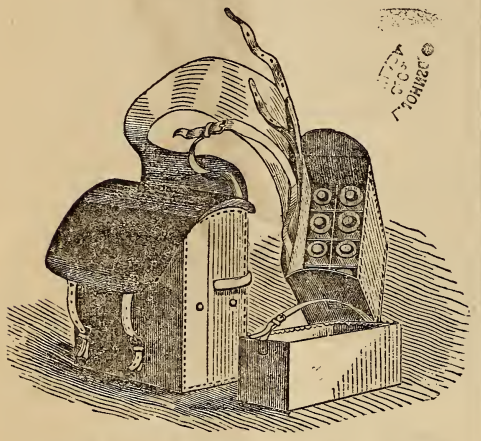

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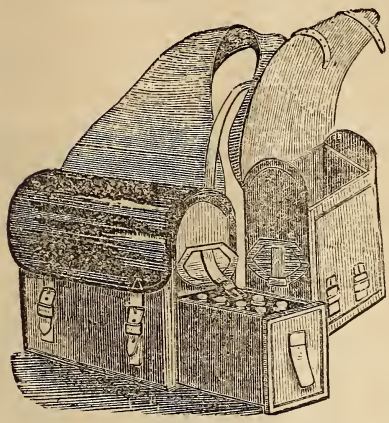

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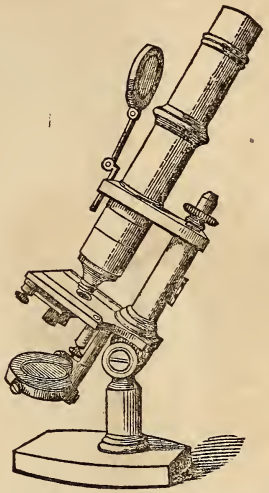

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Fig. 1.

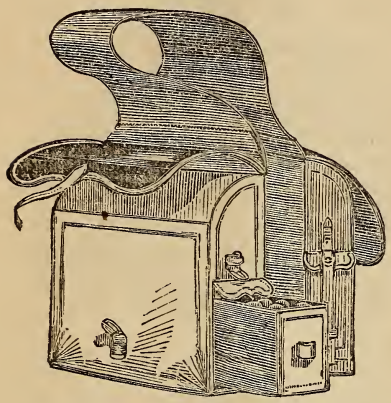

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$11.00
"	"	20	"	10.00
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The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

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"	"	28	"	11.00

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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 159. PHILADELPHIA, NOVEMBER 5, 1859. NEW SERIES, VOL. III. NO. 6.

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 15.

NASAL REGION, (*continued*).—*Internal Nasal Region.*—This portion of the organ is sometimes termed the nasal cavities, sometimes the nasal fossæ. These passages communicate with other air chambers, and with the lachrymal apparatus, which are lodged within the bones of the cranium or face, and which shall be described in their proper order. The nasal cavities communicate with the face in front by the anterior nares, and with the pharynx behind by the posterior nares.

Nasal Floor.—This consists of symmetrical parts, which are formed by horizontal plates, springing from the superior maxillary and palate bones. They unite in the median line to form the palatine suture, the surfaces for union being merely roughened, not serrated to any depth. The oral surface of the seam is smooth, the nasal is elevated into a crest, in which the septum rests. From side to side the floor is slightly concave, and, in the ordinary erect position of the head, has a gentle inclination backward. Though the length of the floor varies in different individuals, yet that difference is by no means so great as might be supposed. From different measurements which I have made, the average length of the bony floor will be one inch and 10-12ths. With the addition of the soft parts, it will be two inches and a half.

Nasal Roof.—This is formed by the nasal bones, cribriform plate of the ethmoid, and body of the sphenoid bone. The angle at which the nasal bones are connected with the frontal will make the roof slope in two ways: from the anterior part of the ethmoid downward and forward to the anterior nares, and in the opposite direction, downward and backward to the posterior nares. From the cribriform plate of the ethmoid to the floor is the greatest height, and will average, in the adult, two inches, diminishing gradually to the posterior nares, where it is only one inch and a sixth in its vertical diameter. These measurements apply to the skeleton, deprived of the soft parts; for the addition of these we must subtract a fourth.

Fig. 20.

Exhibits a vertical section of the nasal fossa, on one side of the septum, and through the palatine suture into the mouth. The septum is seen, and the different parts of which it is composed: the vomer below, the perpendicular plate of the ethmoid above, planted against the nasal bones, and extending into a process, the "crista galli," in front of which are the frontal cells. Between the perpendicular plate and the vomer in front is the cartilaginous part of the septum; and behind, the sphenoidal cells.

Septum Narium.—This consists of three parts: the anterior, a plate of *cartilage;* the inferior and posterior, the *vomer;* and the superior, the *perpendicular plate* of the ethmoid bone. Below, the septum rests within the crest, which projects on the nasal surface of the hard palate. It is rarely perfectly perpendicular, generally deviating to one side of the median line. It supports above, in part, the nasal bones, and is continued up into the cranium, as the *crista galli* to which the falx major is attached in front.

External Walls.—These are very irregular, and are bounded by the upper maxillary, lachrymal, turbinated and perpendicular plates of the palate bones. From the outer side of each nasal fossa there project three little bones, curved on themselves, the *turbinated bones.* They are extremely delicate and fragile in their structure; they are situated one above the other, and divide the fossæ into three longitudinal spaces, called meatuses, and which are distinguished from each other by the prefix *superior, middle* and *inferior,* all of which open into the posterior nares. The lower turbinated bones advance nearest the anterior nares, the middle next, and the superior last. Into these niches several collateral passages open, which will be explained in their proper order. The perpendicular plates of the palate bones, forming the outer sides of the posterior nares, advance a little more toward the septum than the rest of the outer wall, producing a ridge, which should not be overlooked, as it forms a valuable guide in reaching the Eustachian tube. The transverse diameters of the nasal fossæ diminish rapidly from the floor to the roof, until, near the latter, it is but a narrow slit.

Posterior Nares.—These openings are the posterior termination of the nasal fossæ. They present toward the pharynx, and are separated from each other by the vomer. When covered by their soft parts they will measure one inch in their perpendicular, and a full half inch in their transverse diameters. Just within the nares the fossæ widen considerably.

Covering all these parts is a mucous membrane, often called the Schneiderian or pituitary membrane. It is a very dense structure firmly connected to the periosteum of the bones upon which it rests, by a scanty bond of fibrous tissue. This is particularly the case over the turbinated bones and the septum.

It presents very well marked differences in different portions of the fossæ. On the upper part of the septum and the superior and middle turbinated bones, it is of a yellow color, very thick, and presents almost a fleshy appearance, and is covered with a cylinder epithelia. This portion is also well supplied with tubular glands, "*glands of Bowman,*" the cavities of which are lined by cells containing pigmentary matter, on the presence of which depends the color of the membrane. This part of the nasal fossæ is the true olfactory portion of the organ, the part supplied by the olfactory nerves. The lower part of the nasal cavities, which includes the inferior half of the septum, floor, and inferior turbinated bones, differs from the other in the following particulars: its color is not so dark; in some animals, the horse for example, it is quite red; it possesses a cilliated epithelium; is comparatively, if not altogether, destitute of the forementioned glands, and has no nerves of smell.

Blood Vessels.—The interior of the cavities under consideration are very abundantly furnished with vessels from the *facial* artery, which enter through the cartilagenous nose and foramina in the nasal bones, from the ophthalmic, and more particularly from the internal maxillary, by its spheno-palatine trunks.

Veins.—These empty into the *facial* and *ophthalmic.* They communicate frequently with the superior longitudinal sinus through the foramen cœcum, and through the openings in the cribriform plate of the ethmoid bones, with the intracranial veins. The commencement of these vessels, especially over the turbinated bones, is in the form of a looped plexus, resembling closely the tissue of the cavernous or spongy body of the penis, and causing in a great degree the thickness of the membrane at these points.

Nerves.—The olfactory nerves which endow the organ with the sense of smell, descend through the cribriform plate, from the olfactory bulbs resting thereon; each one is supported by a sheath derived from the dura

mater, and in their distribution are confined to the upper and non-cilliated portion of the organ.

Spheno-palatine branches enter the cavities from the ganglias of Meckel, and trunks of common sensibility form the *5th pair*, the most prominent of which are the internal nasal branches.

Practical Observations.—The floor of the nasal cavities is sometimes incomplete as a congenital defect; the palatine suture failing to close from arrest of development. It is frequently perforated by scrofulous and syphilitic ulceration. In both cases trouble ensues in swallowing liquids, and the articulation of words requiring a mechanical appliance to close the deficiency. In the removal of the superior maxillary, the separation of this palatine suture is necessary to the neat disarticulation of the bone.

The slight inclination of the nasal floor backward, conducts the secretions, when sufficiently liquid, to the pharynx rather than to the face. As these cavities extend between the face and the pharynx, the surgeon is enabled to convey instruments into the latter by this route. The nearer the floor, the greater the capacity of the cavity, and its average length will be of some value aside from other means of enabling him to determine when his instrument has passed through. These passages are the natural air channels, and when obstructed or closed, a marked impression is made on the system as manifested in those signs which imply imperfect oxygenation of the blood, such as a livid hue of the face, sighing, stupor, and muscular debility. Any one who has suffered from a severe cattarrhal attack of these passages, will recollect the inconvenience and distress which have followed the necessity of breathing with the mouth open.

Children particularly, rapidly succumb when the nose becomes closed, which is very common in those affections of the mucous membrane attended with profuse secretion, such as occur in aggravated forms of scarlatina; hence the necessity of carefully removing these collections, and admitting a free ingress of atmospheric air.

The extreme delicacy of the middle part of the nasal roof, formed by the perforated ethmoid plate, should not be overlooked, as it, with the membranes above and the mucous membrane below, is all that separates the cavity of the nose from the brain; and where pointed instruments are employed carlessly in any operations within these passages, they might readily pass through and wound the anterior lobes of the cerebrum. It is said that persons from criminal intent have practised such punctures with delicate needles, the situation being one likely to escape observation.

Remarks on the Digestive Principle.

By J. Cheston Morris, M. D.

(Communicated to the Biological Department of the Academy of Natural Sciences, Oct. 17th, 1859.)

In the course of some observations offered to the department at the session of June 7th, 1858, on the subject of endosmose, I suggested the hypothesis that during digestion a watery fluid was secreted from the gastric mucous membrane, containing a principle which was capable of spitting or undergoing a fermentive change, so as to produce lactic acid and so-called pepsin. I now have the pleasure of laying before the department the facts necessary to substantiate that hypothesis.

When a very dilute solution of ov-albumen is exposed to the air at a moderate temperature for several days, it becomes cloudy, and has a slightly acid reaction. This change is hastened if air is forced through the solution from time to time. If a small portion of this be added to fresh milk, it will cause coagulation of the latter in a short time; boiling the solution previously diminishes this property. When a thin portion of coagulated albumen is placed in the solution at a warm temperature, it is dissolved in the course of a few hours; if the solution be previously boiled, no such change occurs. When the solution is distilled, the distillate yields a white curdy precipitate with nitrate of silver, soluble in an excess of ammonia.

The above facts correspond so closely, as far as they go, with the properties of the gastric juice, that I have no hesitation in stating my belief that they afford the explanation of the mode of formation of the latter. We have, in effect, an albuminous fluid in the stomach,

placed under appropriate circumstances as regards oxygen and temperature for the occurrence of fermentative changes; and if, by imitating these conditions out of the body, we produce analogous results, we have the strongest reasons for believing that the causes and mode of operation are the same in the living body.

The foregoing experiments offer also a satisfactory solution of the apparently discrepant views held by different investigators, as to the digestion of azotised food. It becomes no longer difficult to comprehend that the gastric juice, the pancreatic fluid, and the intestinal secretion, as well as decomposing albuminoid matters, may all possess the power of causing a solution of coagulated albumen, &c, inasmuch as a splitting of an element common to them all, viz. albumen, gives rise to an acid, (probably lactic,) and a digestive principle. I regret that I have not been able to make an ultimate analysis of the substance obtained by evaporating the solution above mentioned to dryness, at a low temperature.

These experiments also set at rest the mooted question of the free acid of the gastric juice, proving that the lactic acid developed during the fermentation of albumen is capable of decomposing, during distillation, the alkaline chlorides found in the white of the egg.

I should state, however, that I do not regard the above facts as finally conclusive on the subject. More experiments are required to demonstrate the identity of the principle obtained with pepsin.

New York Ophthalmic School.

Outlines of Introductory Remarks at the opening of the Eighth Session, Oct., 22d 1859, by Mark Stephenson, M. D.

A highly respectable number of medical students and physicians assembled at the New York Ophthalmic Hospital, on the evening of the 22d inst., to hear the introductory of Dr. M. Stephenson to a course of lectures on diseases of the eye.

The doctor commenced by welcoming the students to the New York Ophthalmic School. He next spoke of the numerous charities in this city, of which New York may be justly proud; the youngest of these is the New York Ophthalmic Hospital. Though young in years and humble in architectural appearance, her pupils are to be found in nearly every state of the Union.

His subject was "*The pains, pleasures and responsibilities incident to professional life; specialties, etc.*" He warned those just initiated into the study of their profession, against the folly of entering its ranks from mercenary views, that it was seldom that the members of our profession acquire wealth; yet, with prudence, they might realize a competence sufficient for the necessary wants of life. He spoke of the sacrifices they would have to make, not only in the days of their pupilage, but also after they had attained to all the honors their alma mater could confer upon them. They must not think of indulging in pleasure, indolence or dissipation, remarking that the precept holds good in medicine as in religion—"Ye cannot serve two masters;" and he that would make proficiency in either must be often found in his study or closet.

In the exercise of their profession, they would often require the spirit of the hero and the martyr to sustain them. *Ingratitude and misrepresentation* would frequently arise from sources where they least expected it; but in cases like these he exhorted them to imitate the example of the immortal Boerhaave, who, feeling conscious of the rectitude of his course, refused to take any notice of slander and abuse—"They are sparks," says he, "which will go out of themselves if you do not blow them." The surest remedy against scandal is to live it down by perseverance in well doing, and praying to God that He would cure the distempered minds of those who traduce and injure us.

Still another, and not the least source of disquietude, would be the little, petty rivalries and jealousies in the profession; but he rejoiced to say, that a better feeling now existed than formerly, and that this fraternal regard had been on the increase ever since the organization of the American Medical Association.

He then observed: "You will naturally inquire what are the inducements to follow a a profession, where nothing is to be gained from it but a few of its fleeting honors? Are there no redeeming features—no bright spots

to relieve the deep shades of the picture? My answer is—there are many. Is there nothing in the luxury of doing good—in the consciousness of having performed a generous and noble act? Yes, gentlemen, there will be occasions when you will receive the highest gratification the human heart is capable of enjoying, in return for your anxieties, solicitude and care. What can afford more thrilling delight than the restoration of a beloved mother to the bosom of her family, of a husband to the embraces of his companion, of an indulgent father to his children, the recovery of an only child from a protracted illness, the restoration of sight to the blind and hearing to the deaf?—emulating the Great Physician himself, who went about doing good, healing the sick, and opening the eyes of the blind."

He next dwelt at some length upon the luxury of a well disciplined mind in the acquisition of knowledge. After all, said he, what can compare with the pleasures of the human intellect. All others are of a sordid, and evanescent character.

On the subject of *specialties*, he observed that no man was competent to practice any one branch of his profession unless he was thoroughly educated in all its departments. That those who qualify themselves to treat only a single disease or class of diseases have done little or nothing for our science —and what is still more, must and ever will be ranked as charlatans, by the well educated physician. How would the mere specialist understand the multifarious and often perplexing phases which diseases sometimes assume. He advised the medical students to qualify themselves to practice all branches of their profession, but to endeavor to excel in some one department. He then congratulated the young gentlemen that the day had already arrived when it was no longer necessary for them to visit Vienna, Paris, or any other European city for the purpose of studying specialties.

He next spoke of that cherished object of his regard, the human eye—observing, that there was no other organ in the whole mechanism of man that was more deserving of our care, or that more completely challenged our admiration—surely in no other structure do we discover more of the wisdom, power, and benevolence of the Supreme Being. Dr. Clay, one of our former pupils in the New York Ophthalmic School, in his valadictory address to his associates, in reference to the human eye, very beautifully remarked: "If every particle of created matter were annihilated with the exception of *one human eye*, with its minute, delicate, and beautiful structure floating alone in the vast immensity of space, it would proclaim in language that could not be controverted—there is an *Omnipotent God.*"

But there is another aspect in which we should look at the eye, referring to its diseases. From the diversity of its structure, and the extreme delicacy of its organization, it is subject to a greater variety of diseases than almost any other organ of the body. And there are none which require a more careful diagnosis or more prompt and decisive treatment. An error here is the more to be deplored because it is usually an irretrievable one.

Maltreatment in a case of corneitis or iritis, purulent, or gonorrhœal ophthalmia, if continued but for a single day, may result in ulceration, rupture, or opacity of the cornea; in prolapsus iridis, synechia, or in a closure of the pupil, staphyloma or sloughing of the tunics of the eye. Woe! woe! to the man that shall thus blunder. He envied not the feelings of him who through negligence or ignorance should commit so egregious an error, nor should he be pitied were he to suffer the severest penalties of the law.

Gentlemen, said he, there is no necessity for such mistakes, and he who will qualify himself to practice his profession as he ought, need never be guilty of them. He invited them to avail themselves of the present opportunity of spending an hour each week in listening to a lecture on the eye, its diseases, and their treatment; also to attend the clinics and witness operations as performed by himself and his worthy colleague at this institution. In conclusion, he announced that he should operate for cataract in a few days, and invited the students to attend.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

OCTOBER 15TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Jaundice.—This patient exhibited a week ago deeply jaundiced, was to-day shown better in every respect. Dr. M. looked upon the case as one of bilious remittent fever, and the jaundice as dependent on congestion of the liver.

The patient had been put at first upon blue pill and rhubarb, then, on account of diarrhœa, opium was substituted for the rhubarb, and afterward the blue pill continued alone. He had had a distressing hiccough for the greater part of eight or ten days; this had now nearly disappeared. His bowels had been torpid. Ten grains of sulphate of magnesia, with two drops of laudanum, were given every two hours, until the bowels were evacuated freely. Day before yesterday his stools, which had been grayish white and destitute of bile, became dark brown and feculent. The blue pill was stopped yesterday, and he now takes only a tablespoonful of whiskey every four hours, for the reason that he is a spirit-drinker, and it was thought that the singultus might be kept up, in part at least, by nervous prostration due to the abstinence from his accustomed stimulus. Hoffman's anodyne was given as an antispasmodic, and he was allowed wine whey, chicken soup, and arrow-root gruel, made with milk.

He is now convalescing decidedly.

Hemiplegia.—This patient had greatly improved. He has had no treatment but a simple low diet, as there was no indication for the use of drugs. He now controls the alvine and urinary discharges perfectly, and was recovering the lost sensibility of his right arm and leg.

Dr. M. experimented, in the presence of the class, upon the paralyzed side of the patient with a pair of compasses, but the patient was naturally deaf and dumb, and the results were not particularly decisive or uniform.

This mode of ascertaining the sensibility of parts originated with Prof. Weber. It consists in touching the cutaneous surface with the legs of a pair of compasses, which are approximated until they are brought within the smallest distance, at which they can be felt to be distinct from one another, which has been termed the "limit of confusion."

The patient now protrudes his tongue perfectly straight, and shuts his right eye well. In hemiplegia the muscles supplied by the portio dura are seldom impaired in function. It is the fifth pair and the hypoglossal which are most invariably affected.

Dr. Hewson had examined the patient's right eye with the ophthalmoscope, and had found merely injection of the retina at the entrance of the optic nerve; this explained the loss of vision of that eye, but gave no information of the state of the brain. Dr. M. stated that there must have been an apoplectic effusion in the neighborhood of the left corpus striatum or optic thalamus. Probably from the entire relaxation of the muscles of the affected side, there may have been white softening prior to the apoplectic attack, but this was uncertain. There was no cardiac disease, nor was there any thickening of the walls of the arteries, so far as could be detected by an examination of the radials and temporals.

Dr. M. here quoted an opinion he had heard, in years back, from Dr. Chapman, which his own experience had verified. In well-marked palsy following apoplexy, if the patient did not, in great measure, recover his power over the side in three or four days, he, probably, never would regain it more than imperfectly. The injury to the cerebral tissue, has been, in such cases so great, that nature is incompetent to restore the parts to their former condition, and the patient remains more or less lamed for the remainder of his days.

Paralysis of the Portio Dura.—This is an interesting case of facial paralysis, unlike the preceding case, independent of disease of the brain. The patient is a seaman, forty years of age. He says that three months ago, at sea, while walking from the larboard to the starboard side of his vessel, he felt, to use his own words, as if some atmospheric influence had struck him in the left eye; he was seized with pain, and in two or three days his face was drawn strongly to the right. His mouth, he says, was drawn almost to his ear, and he was unable to close the lids of his left eye. He had paralysis of the *portio dura*, which supplies the muscles of expression—an affection sometimes called histrionic paralysis. He now closes his right eye perfectly, and corrugates strongly the right corrugator supercilii, and the right occipito-frontalis muscles; while on the left side of the face, these muscles act very imperfectly, as you may see, from the absence of the folds and wrinkles which you observe on the right side. He can now close, with a strong effort, the eyelids of the left side, by the action of the orbicularis palpebrarum. This he could not do at all, he tells us at first, and only partially when he first entered the house. His control over the orbicularis oris is also imperfect, as he can whistle only on one side of his mouth. When first attacked, such was the loss of power over the muscles of the left cheek, that in masticating, he was forced to push, with his fingers, the alimentary mass between the teeth, else it collected between the cheek and teeth, interfering with the act of eating.

Post Mortem Specimens—Typhoid Fever.—This patient was a German, tailor, 28 years of age; he was admitted on the 10th of October, with the symptoms of typhoid fever. He had been sick more than two weeks, during the last of which he had been confined to bed. At his entrance, he had headache, fever, pulse 110, skin dry and hot, two stools daily, rose-colored spots and bronchitis. The tongue was dry, and the teeth covered with sordes; intelligence dull, with much drowsines. Ordered solution of acetate of ammonia, f.ʒss. every two hours, and a diet of arrow-root gruel made with milk. Did pretty well, with two stools only in 24 hours, until 3 A. M. of the 13th, when he had a discharge from the bowels, and between 5 and 6 A. M., two more; making in all about a quart of thick liquid, of a reddish-black color, consisting chiefly of blood. He was ordered an enema of 45 drops of laudanum, and a wineglassful of wine whey every two hours. At 8 A. M. pulse 110; skin dry. At 11 A. M. pulse 108, not very weak. Tinct. ferr. chlorid., gtt. x. every 2 hours, ordered.

At 5 P. M. pulse 124; face quite blanched; has had no stool since morning. At 5½ P. M. had another bloody discharge, about a pint. The laudanum enema was repeated. At 11½ P. M. another stool not quite so large; pulse 150, weak and fluttering. Stimulants ordered every hour, milk punch instead of wine whey.

Patient slept a great deal during the night; very weak, and very much blanched. At 7½ A. M. of 14th, another bloody stool. Respiration laborious and noisy; pulse 150, feeble and fluttering; face very pale, and lips bloodless; another opiate injection was given. Between this and 11 o'clock two small discharges, containing less blood and some fœcal matter; respiration frequent and oppressed; rattling in throat; much restlessness and tossing; countenance anxious; pulse very feeble and indistinct; head thrown backward, and face and hands almost exsanguine. The tinct. ferri was suspended, and Hope's camphor mixture (nitrous acid, laudanum, and camphor water) given in f.ʒss. doses, every two hours.

The patient now sank gradually, breathing with more difficulty and rapidity, and, after two more small discharges from the bowels, died very easily at five minutes before 2 P. M. Upon the relaxation of the sphincters at the moment of death, quite a large discharge of blood and watery fæces came away from the bowels.

Lungs.—The lower lobe of each was seen to be congested and carnified. Dr. M. was anxious to try the experiment of inflation, to show the class the difference between true pneumonia and the hypostatic pneumonia of this disease, but the texture of the lung was found to have been broken during the autopsy, so as to render it impossible.

The *Kidneys* were congested.

The *Spleen* was enlarged and very much softened. It broke by its own weight when held up by one end, and was in the condition found in almost all cases of typhoid fever.

The *Intestines* at the upper part of the ileo-cœcal valve presented a large ulceration, discolored black; the mucous and submucous coats were gone: this was no doubt the source of the frequent hæmorrhage. Other ulcerations were shown in the neighborhood of the valve. The solitary glands were enlarged but presented no ulcerations.

The *Heart* was of natural size, but pale, and its tissue soft and flabby, so that the finger could be easily pushed through its substance. Such a condition of the heart is the cause of the feebleness of the circulation, and of the petechiæ of typhus and typhoid fevers. This condition of the heart, as ascertained by auscultation and palpation was a valuable sign as to the necessity of stimulus in typhoid fever; it was generally softened in cases like this.

The inflammation and ulceration of Peyer's glands, in this disease, are thought by the German observers, to depend on the deposit in the gland of a certain adventitious matter called the typhus-product. This product is said to consist of an albuminous exudation, and is thrown off by a process of ulceration or sphacelus, thus explaining the various conditions in which the glands are found. The ulcerations are thought to begin usually somewhere between the 9th and 14th day, and, in favorable cases, the process of cicatrization is accomplished generally in from four to six weeks.

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JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Oct. 22.

Clinic of Dr Gross.

Lateral Operation for Stone.—The patient, a man 28 years of age, was brought before the class on the preceding clinical day. He had recently come from California, and had been for a few days in the College Hospital, in order that his system might be put in proper condition for the operation. On that occasion the existence of a stone in the bladder was ascertained by the introduction of a sound, and some practical observations made upon the use of this instrument. The danger of operating, or even sounding for stone immediately after a journey, was pointed out by Dr. G.

Operation.—After adverting to the several routes by which the bladder might be reached, and the various operations of lithotomy, Dr. G. expressed his decided preference for the perineal division of the bladder by the lateral operation, the excellence of which method, he observed, had been confirmed for ages. Before proceeding to remove the stone, Dr. G. exhibited, by models, the anatomical relation of the parts, and described successively the stages of the operation as performed by himself. The instrument for entering the bladder, which he preferred and had employed in numerous operations, was a narrow probe pointed bistoury: the superficial incisions were made with a scalpel. He knelt upon one knee during the operation, and the tray of instruments was placed for his convenience, upon the floor, at his side.

The patient was brought with some difficulty under the full effect of chloroform; and his limbs held by assistants, without being otherwise confined. The stone was of small size and was extracted without difficulty, and with the loss of very little blood.

Dr. G. mentioned that the man cut for traumatic aneurism, on the last day, was doing well. The wound over the femoral artery was uniting by the first intention; that over the posterior tibial nearly so; that over the seat of the aneurism was suppurating slightly. The patient had been one of Fremont's followers, in his exploring expeditions across the continent, and bore about him evidence of remarkable power of resistance to injuries and wounds.

October 26th.

Operation—Removal of Internal Piles.—These had been for some years a source of discomfort and inconvenience to the patient; defecation was difficult and accompanied with extrusion of the piles, which were easily returned. His general health was good.

Dr. G. remarked, there are two distinct classes of hæmorrhoidal tumors, differing in situation, structure, and treatment. One is situated about the verge of the anus. An extravasation of blood in the cellular substance occurs from rupture of one of the hæmorrhoidal veins. The contents of the tumor—a clot of blood—may be easily turned out: but if allowed to remain, it becomes organized, as in apoplexy, and thus a persistent tumor is formed. It is usually solitary.

The second class is a hypertrophied condition of the vessels of the submucous coat of the rectum. The tumor is covered by a mucous membrane, which ulcerates at times, occasioning a flow of blood, continuous or saltatory, according to the nature of the vessel affected; thus ounces and pints of blood may be lost, establishing a drain upon the system leading to the destruction of the patient. The tumor is scarlet in appearance, consisting of veins and arteries interlaced and interwoven. It is an erectile tumor, to all intents and purposes. They may vary in size from a pea to an egg; there may be one or numerous piles extending around the circumference of the anus. They are apt to come out during defecation. Here they are internal and at the verge of the anus. I propose to tie them. He has been prepared for the operation by rest, diet, and purgatives, otherwise phlebitis might ensue upon the operation. To protrude the tumor he should sit down in a bucket of warm water and bear down, then getting upon his knees, we may seize it with a tenaculum, and ligature it strongly with saddler's silk. It usually comes away in four or five days. To the external tumor this treatment is not applicable. We should there cut into the tumor, turn out its contents, and send the patient about his business.

Operation.—A well waxed ligature was firmly applied to the base of three tumors in succession, drawn out by the vulsellum. The patient was directed to have a light diet, and an anodyne. The bowels were to be kept locked for three days. Locally Dr. G. usually applied nothing.

Coxalgia.—The patient was a child, three years of age, and the disease had progressed to a considerable extent. All the prominent symptoms were present. The left buttock had lost its rotundity, and in appearance was wider than that of the sound side; the ileo-femoral fold was obliterated. He was unable to stand upon the limb, which was rigidly semi-flexed and atrophied. This disease was always of a strumous character, and most common in children under five years of age. It began, most probably, in the synovial membrane, spreading until it involved all the rest of the structures, and the head and neck of the bone were destroyed. The pain in the knee was probably produced by reflex nervous action. It was the pathognomonic symptom in the early stage of the disease, when, if the proper treatment were used, a perfect cure could be effected.

In the *treatment* of coxalgia, the views of Dr. G. of the necessity and value of rest and counter-irritation have been previously given. An issue was made in this case by the cautery iron, of which he remarked, I take great pleasure in applying the hot iron in cases of this character; it creates the best issue which it is possible to make.

Vesical Calculus—Bilateral Operation.—By the courtesy of Dr. Gross, Dr. Pancoast introduced a patient upon whom he proposed to operate for stone. The patient was a lad 19 years of age, of delicate health. Dr. P. was confident of the existence of one stone, by measurement with the lithotrite five-

eighths of an inch in diameter. He strongly suspected the presence of a second calculus.

He had hesitated whether to perform the lateral or the bilateral operation. In children he always used the knife, although in France the lithotome was commonly used; but in adults, especially when the stone is large, he thought the lithotome of Dupuytren—really that of Celsus—possessed a decided advantage. There was one advantage in the French method of cutting from within outward: the really resisting part was the first encountered, not the prostate itself, but the neck of the bladder where it joins the prostate.

As the lateral operation had been performed on the last day, by his colleague Dr. Gross, he would, for the sake of variety, use the double lithotome caché. Before proceeding to operate, he explained the method which he proposed to use. The first object was to open the membranous portion of the urethra behind the bulbous portion; next to introduce the lithotome; and lastly, by withdrawing it, to effect the division of the neck of the bladder and the lateral lobes of the prostate gland. All the instruments necessary were the staff. knife, forceps for extracting the stone, and double lithotome.

Operation.—The patient was well etherized, and placed in the same position as for the ordinary lateral operation. A semi-circular incision was made, about three-fourths of an inch in front of the anus, and the urethra entered by the scalpel. The sound was withdrawn after the lithotome was entered along its groove into the bladder; this instrument was then turned so that its concavity presented to the rectum, its blades sprung, and the instrument withdrawn. One stone was removed by the forceps, presenting a facet polished by the attrition of a second stone; this was of large size, but of a soft nature, and in the attempt to remove it crushed under the grasp of the forceps into numerous fragments. These were separately removed by the scoop and forceps, and together made up a stone of very large size.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

[Prepared for the MEDICAL AND SURGICAL REPORTER from phonographic reports.]

The regular meeting of this Society took place Wednesday, October 26th, DR. ALFRED C. POST, in the chair.

DR. BAUER presented a specimen of *Disease of the Knee-joint*, occurring in a healthy boy, 14 years of age, who was struck with a stone against the shin bone, immediately below the joint; very intense periostitis ensued, which has resulted in the condition of things presented in the specimen. The periosteum is entirely destroyed; there are two perforations in the joint, one of which is exceedingly interesting, namely, perforation through the cartilage over the head of the tibia; the other perforation is situated just behind the condyle of the femur. The usual changes from inflammation and suppuration have taken place in the joint. Amputation was resorted to, as the only means of arresting the disease and preventing a fatal issue, the child having become very rapidly enfeebled.

Disease of the Knee-joint--Leucocythæmia.—The same gentleman presented a specimen, procured from a patient who had died in the Long Island College Hospital. He was brought into the hospital, suffering from the remnants of erysipelas as it appeared; considerable constitutional disturbance was present, and occasionally delirium, which, had he not been a strictly temperate man, might have led to the suspicion of delirium tremens; toxæmia was suspected, and on examination of the urine it was found to contain albumen and casts. Under the treatment that was resorted to the delirium left him, when suddenly the knee-joint commenced to swell, and was found to be filled with matter, for which it was very difficult to find a cause, as there had been no preliminary inflammation of the joint, no pain, and he had never complained of any uneasiness about the parts. The matter was twice removed by means of the trocar. The patient then became very pallid and presented all the appearances of excess of white corpuscles in the blood. The blood was examined, and its leucocythæmic character established. The patient sank rapidly, and died.

On post mortem examination, besides degeneration of the kidneys, no other disease was found, except that of the knee-joint, the cartilages were completely destroyed, and the synovial membrane gone. The case presented great interest, on account of the preponderance of white corpuscles in the blood, which amounted to 50 per cent. He had never heard of a case where there was such a considerable excess of white globules.

[There are several observations of leucocythæmia recorded, in which the per centage of the white, in proportion to the red globules, is stated to have been even larger than in this instance. In one case reported by M. Vidal, the proportion of white corpuscles to the red, in an examination made about a month before the patient's death, was found to be as 3 to 2, or 75 per cent. In this case the leucocythæmia was associated with hypertrophy, and degeneration of the spleen. In these statements, however, it may be well to bear in mind the following remark of Bennett: "Means are altogether wanting to enable us to determine with exactitude the relative proportion of the two kinds of corpuscles in different

cases. In some the colorless corpuscles are only slightly increased beyond their usual number. In one case they are described as five times as numerous as those in health. They are also said in particular instances to be "greatly increased," "one-third as numerous," and "as numerous" as the colored corpuscles. In all these statements there is nothing exact.

However this may be, the best manner of determining the relative proportion of the white and red corpuscles, aside from the tedious process of counting them in the microscopic field, is undoubtedly that employed by Donné, Vogel and others, with slight modifications. It consists in first defibrinating the blood, which is to be examined; then it is poured into a graduated tube, divided into a hundred degrees, or more, if we wish to be very accurate. A separation soon commences to take place, which at the end of forty-eight hours is generally complete, and permits the observer to distinguish three very distinct layers of different height; the uppermost consisting of limpid serum of its ordinary color, the middle greyish yellow, with a slight tinge of green, consisting of the white corpuscles, while the lowermost stratum, with its claret color, represents the red globules. It is necessary, with this procedure, to determine first the exact altitudes of the three layers in healthy blood, after which the morbid specimen can be examined, and the relative increase of the white corpuscles be computed with tolerable accuracy by means of the graduated tube.

Another very interesting question arises in connection with this case. Dr. Bauer states that, with the exception of the renal disease and that of the knee-joint, nothing abnormal was found. This excludes the connection which has been observed to exist between the occurrence of leucocythæmia and a *morbid change of the spleen*, so well marked, indeed, in the majority of instances, that some observers have looked upon leucocythæmia as the result of a special or specific degeneration of the spleen. In the *nine* cases of leucocythæmia, *in extenso* enumerated in Bennett's "clinical lectures," *three* were connected with morbid alteration of the spleen, *one* with cirrhosis of the liver and hypertrophy of the spleen, while in the rest which were associated with cancer in the lungs,(2) tubercles in the liver and kidney,(1) abdominal cancer,(1) and tubercular peritonitis and tubercular lung,(1) the leucocythæmia is mentioned as *slight*, that of the first four cases is characterized as well marked. In four cases of well marked leucocythæmia, recorded by Vidal, Huss of Stockholm, and Mattei,(2) splenic disease was found in each, the spleen, besides degeneration and induration, being hypertrophied, weighing, in one instance, 3¼ pounds, in two instances 3 pounds 2 ounces. Thus, in 13 cases of leucocythæmia, *eight*, in which the excess of white corpuscles was most marked, were connected with splenic alteration, while in the rest connected with cancer and tubercle, it was but slight. We do not presume that splenic disease could have escaped the attention of so acute an observer as Dr. Bauer, had it existed in the above case; yet, with leucocythæmia so well marked, this case forms such an exception to most of the published cases which have come to our notice, that we cannot but regret, that the precise condition in which the spleen was found, and its microscopical characteristics were not particularly described.—REPORTER.]

Dr. B. next presented a cerebellum, containing a hemorrhagic clot, from a woman who had been beaten to death.

Pelvic Abscess.—The next specimen which he presented was the *rectum, womb, bladder and a portion of the small intestines* taken from a woman, who, although she had been sickly for some time, was still able to attend to her ordinary household duties. As she had been suffering from some trouble of the bladder or the womb, the physician who first attended her made out a diagnosis of retroversion of the uterus, and endeavored to restore the base of the organ to its normal position, by the introduction of the finger into the rectum, and gradually pushing the fundus forward and upward.

This, however, was attended by so much pain that he was obliged to desist. Shortly after this the patient was attacked with violent pain in the abdominal and pelvic region. Dr. B. was then called to see her and attended her during her illness, in the course of which peritonitis set in, and an abscess was formed, which burst through the rectum and discharged its contents with the fæces.

The post-mortem examination revealed the abscess to be situated directly in front of the base of the womb, and from the structural changes which had taken place, it was evident that the abcess had been there for sometime. There were firm connections, by plastic material, between the small intestines and the anterior wall of the uterus, and also between the convolutions of the intestinal tract generally.

The same gentleman next presented *parts of the intestines* of a man who had died in consequence of injuries. There was intense peritoneal inflammation throughout, extending to the liver, which was covered with false membrane. The intestines were perforated at two points; the omentum was very much injected.

He then presented a number of admirably well finished wax casts, recently taken by him of interesting surgical and pathological specimens, among which was one of cancer of the cephalic vein of the left arm, and two representing the difference in the stumps respectively, after Syme's and Pirogoff's

amputation of the foot. In his opinion, the stump, after Syme's operation, though shorter than after Pirogoff's, would be better adapted for the adjustment of an artificial foot.

Dr. Bibbins presented two uric acid calculi, voided by a female infant about five months old.

Lumbar Abscess—Periostitis of Lumbar Vertebræ.—Dr. Sayre presented the recent pelvis of a man who had died with the above diseases. He was about 32 years of age; had previously enjoyed good and robust health, and no strumous diathesis could be traced in himself or family. Four months ago he entered Bellevue Hospital. At that time an abscess was found on the left side of the lumbar vertebræ, between these and the ilium. There was also quite a prominent tumor on the right side. Two or three weeks afterwards an exploring needle was introduced, but no pus detected; two days afterward, the pus began to discharge from the opening very freely. On probing it again, the posterior part of the ilium, along its crest, was found to be destitute of its periosteum, and dead. He sank gradually and died, exhauted with diarrhœa.

On post mortem examination, the periosteum along the lumbar vertebræ was found covered with osteophytes; the spines of the vertebræ were also covered with these growths. The ilium was found carious and softened. On the front of the sacrum there was a prominent osteophytic growth, penetrating into the rectum. The abscess had perforated the fascia of the iliacus and psoas-magnus muscles, went down deeply on the right side below Poupart's ligament, nearly to the insertion of these muscles.

There was no evidence of the presence of tubercles in this patient; all the organs were healthy and no trace of tubercular deposit found anywhere. The specimen then, in his opinion, was a strong proof of the error of the views held by Dr. Gross, that all diseases of the hip-joint, lumbar abscess, etc., are the result of tubercular deposit.

Hip-joint disease; perforation of the acetabulum, removal of the head of the femur, and of portions of the tuberosity and ramus of the ischium, and pubis.—Dr. Sayre related the following case: The head of the femur presented here, was removed from a boy about 10 years of age, who had been suffering from hip-joint disease for more than four years. During all this time the child had not been under the treatment of any regular practitioner. When Dr. S. saw the patient, a week ago Saturday last, he was apparently in a very critical condition. The pulse at that time was 165; the child very much emaciated; the sacrum nearly protruded through the skin. There were four or five abscesses, that had opened at different parts around the hip-joint. After a consultation it was resolved to remove the head of the femur, as the only chance left. The patient was accordingly brought under the influence of chloroform and the operation performed. When the head of the bone was removed, a large quantity of exceedingly offensive pus gushed out from the acetabulum, and it was ascertained, that the head of the femur had been driven into and perforated the acetabulum, and thus formed a plug that had closed the abscess, preventing the pus from escaping. The finger was then passed through the opening, and the inner surface of the ilium, part of the tuberosity of the ischium and ramus of the pubis were found to be denuded of periosteum and evidently in a state of caries. The bone-forceps were then introduced over the finger and a portion of the tuberosity of the ischium, ramus of the pubis and ischium removed, leaving almost nothing behind, but the wing of the ilium. During the whole operation, neither the periosteum nor the peritoneum were in any way interfered with. This operation was performed on Thursday, the 20th of October; the pulse, which previous to the operation was 150 to 165 has been gradually assuming the normal standard. On Sunday, the 23d, the pulse was down to 112, and Dr. S. began to cherish strong hopes of his recovery, but to day (26th) he appears to be anything but in a prosperous condition. Ever since the operation the patient has been kept upon the most nourishing diet.

Dr. Bauer stated, that through the kindness of Dr. Sayre, he had had the opportunity to be present at the operation. The child since the operation had been more comfortable, than during the last eight months of its sickness. The number of operations of this description (resection of the head of the femur) had now reached the very fine figure of ninety-two, almost 60 per cent. of which had recovered. Among the fatal cases, were eleven complicated with gun-shot wounds and other injuries of a severe nature. The operation could be performed very easily on children, as there was very little blood lost, in this case hardly half an ounce.

A very interesting question presented itself in connection with this case, namely: how it comes to pass that such large deposits of purulent matter can be manufactured in the body, and remain there for months and months, without producing pyæmia. This subject deserved the closest study of the pathologist. He was induced to make this remark, because, in the latest American work on surgery, all the old ideas, with regard to the cause of pyæmia, are still reproduced and retained in their old connection. There are no facts to demonstrate that pus can enter the veins or the lymphatic glands, or can, if injected into a vein, as has been repeatedly done, produce pyæmia. All these experiments, however, have been repudiated, the old theories re-

vived, and this branch of pathology been pushed twenty-five years back, in the work referred to. He would not enter into the subject minutely at present, but hoped the Society would take the matter into mature discussion on some other occasion, as it was very desirable that this subject should be thoroughly sifted.

Dr. Moses presented a specimen of *caries of the last three lumbar vertebræ*. The child, four years ago, was taken with symptoms of spinal disease, although the diagnosis was at that time somewhat doubtful. After several weeks the patient came under the charge of Dr. Vanderbilt, who diagnosed disease of the spine. Some time in January, 1855, an abscess presented itself in the perinæum; it was opened, and about a pint of pus discharged. From that time the child went on improving in general health, so that it was able to be about the house. It remained well for nearly a year. In the summer of 1856 the child was taken with scarlet fever, from which it recovered. During convalescence the spinal disease seemed to be revived. Sometime during last winter an abscess presented itself in the right groin, which was opened, and discharged freely; another abscess was found in the lower portion of the lumbar region, which was also opened. Shortly afterward tumefaction of the abdomen was noticed This swelling of the abdomen was unaccompanied by any acute symptoms whatever, and was referred to disease of the liver. The child was tapped three times, and about a pint of fluid drawn off on each occasion. It died a week or ten days ago.

On opening the abdomen, the whole surface of the small intestines was found to be covered with plastic lymph of a yellow color, agglutinating them together. This peritoneal inflammation reached upward toward the surface of the liver, and downward into the pelvic cavity. The liver, on being removed, was found to be very solid and firm in texture, and presented very much the appearance of wax liver; it had encroached upon the cavity of the chest, so that both lungs were considerably pushed up; respiration, however, had not been much affected during life. The last three lumbar vertebræ were found to be in a state of caries; the two upper ones were almost entirely destroyed, and the last lumbar vertebra is very much diminished in size. No paralysis showed itself during the whole course of the disease.

Dr. Sands, on behalf of the committee to whom the specimen of a morbid growth in the larynx had been referred at the last meeting, for microscopical examination, reported that he had examined the specimen, (supposed to be tubercular,) together with Dr. Dalton, and that it was epithelial. No tubercle was found either in the exterior or interior of the growth. The epithelial cells were of the flat variety.

EDITORIAL DEPARTMENT.

Periscope.

Infibulation.[1] By Dr. Jules Rouyer.—Infibulation: this word, or rather the thing that it expresses, has always attracted attention, and awakened curiosity; the details connected with the practice are not generally known even to physicians, although one of the historians of our science (Celsus) has mentioned it in his works. We must, at the outset, indicate an important point—that the operation was performed on both sexes. We will first study it as performed on males.

Celsus informs us in what the operation consisted, and how it was practiced on young people. "There are persons who *infibulate* the young in order to preserve their voice or their health. The operation is performed thus: the skin which covers the gland is drawn back, and the point on each side which is to be pierced is marked with ink; then the parts are allowed to return on themselves. If the mark come back on the gland, too much skin has been drawn up, and it must then be marked lower; when the gland remains behind the marks, the proper spot for the fibula is found. Then the integument is pierced at the marked points by a needle armed with a thread, when the two ends are tied together, and which is left in situ until little cicatria are formed around the holes. When this takes place the threads are removed, and replaced by the fibula, which is esteemed to be better in proportion to its lightness."—(Celsus, De Med. lib. vii. xxv. 3.)

The fibula was applied to protect the health of the youth, *valetudinis causa*, says Celsus. It was specially to prevent premature sexual indulgence, *ad transitum virilitates custodiuntur argento*, "the transition to the age of virility is guarded by silver."—(Pliny, xxxiii. 12.)

At a more advanced age the fibula was removed, and the captive organ recovered its liberty.

> Occursit aliquis inter ista draucus, et
> Jam pædagogo liberatus, et cusus
> Refibulavit turgidum faber penem.
> (Martial, lib. ix. Ep. 27.)

In the passage of Celsus quoted above, he remarks that young people were infibulated for

[1] A chapter taken from a work entitled "Medical Studies on Ancient Rome," just published in Paris.

the sake of their voice; *vocis causa.* We find this assertion confirmed by both Juvenal and Martial. Both players and singers were infibulated by direction of the prætor who was charged with the superintendence of the theatres.

> Si gaudet cantu, nullius fibula durat
> Vecem vendentis prætori.
> (Juv. Sat. vi. 379.)

The actors, too, were very much sought after by the Roman ladies, who supposed that a prolonged abstinence considerably increased the ardor of the infibulated, and they, speculating on this supposition, made them pay very dear for their favors :

> Solvitur nis magno comœdi fibula.
> (Juv. Sat. vi. 73.)

Martial says that the fibula of the singers served no other purpose than to make them more esteemed for the avocation we have mentioned.

> Dic mihi simplicitu comœdis et citharœdis
> Fibula quid prœstat? Carius ut fatuant.
> (Martial, lib. xiv. Ep. 215.)

In another epigram, Martial makes use of the word fibula, to indicate an actor's characteristic organ.

The Romans also infibulated their eunuchs.

> Ergo ne videaris invidere
> Servo, cœlia, fibulam remitte.
> (Martial, lib. xi. Ep. 76.)

We should also add to the history of the *fibula*, that of the *subligar*, or *subligaculum.* It was a sort of skin apron, which covered the genital organs, and extended from the umbilicus to the knees. All the actors on the stage were obliged to wear the subligar, as Cicero tells us—"*Scenicorum* quidem mos tantam habet, veteri disciplinâ, verecundiam ut in scenam sine subligaculo nemo prodeat."

This garment was also worn in the bath to conceal the genital organs. Martial speaks of it in several epigrams. We will only quote one; we do not translate it, for obvious reasons :

> Narrat te rumor, chione, nunquam esse fututam
> Atque nihil cunno purius esse tuo
> Tecta tamen nowhac, qua debes, parte lavari.
> Si pudor est transfer subligar in faciam.
> (Martial, lib. iii. Ep. 87.)

The word *fibula* has been sometimes employed as synonymous with subligar. Martial uses it in this manner, (lib. vii. Epigram 82.) When infibulation is spoken of, it is generally admitted that the practice had reference to women. Strabo says, in speaking of the Ethiopian: "They also arm their women, most of whom have their labia pierced to receive a copper ring."

The fibula that M. Rouyer speaks of, reminds us of the girdles of chastity of the middle ages, of which a beautiful specimen exists at the Hotel de Cheny. Some discussion has taken place as to whether it was intended to prevent sexual intercourse or masturbation. The first is probably the true solution, for the ivory disc which covers the entrance of the vagina is pierced by a slit with serrated edges, which could not admit a child's penis, but which could readily permit the introduction of an instrument for the purpose of masturbation.

Passage of Medicines into the Milk of the Nursing, and into the Fœtus.—Experience has long taught that many medicines given to pregnant and nursing women, act on the fœtus and the child. Experiments, directly to prove the passage of medicines into the milk and the fœtus, have, however, been rarely instituted, so that Drs. SCHAUENSTEIN and SPAETH (*Froriep's Notizen, Bd.* 2, *No.* 17, 1859) deserve great praise for their pains-taking investigations in this respect. So far, their conclusions are: 1. Rhubarb passes into the milk. 2. Sulphate of potassa has not been proved to do so. 3. Iodine passes into the milk, and also into the liquor amnii and the fœtus. 4. Mercury probably passes into both the milk and the fœtus, but the proof of its doing so is as yet not sufficient. Further investigations are promised.

The Action of Sulphate of Quinia in Albuminuria.—It is not upon the blood that the impression is to be made in albuminuria, according to DR. D. ANIZON, of Nantes, (*Gazette hebdom.* vi., 7, 1859,) but it is necessary to modify the inner surface of the tubuli uriniferi, they being the seat of the disease, which essentially consists in the separation of their epithelial tissue. Quinine, since it passes when taken internally almost entirely into the urine, is well calculated to limit this separation of epithelium, and thereby that of albumen from the blood. Three successfully treated cases of albuminuria occurring in children after scarlatina, in which the author gave quin. sulph. gr. vi. to viij. in two or four doses, with half-hourly intervals, followed for several days by four doses daily of gr. iv., illustrate, and the author thinks, confirm the correctness of his views.

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PHILADELPHIA, SATURDAY, NOVEMBER 5, 1859.

CHEMICAL THERAPEUTICS.

Charlatanry is a many-headed monster. The itinerant nostrum vender, the advertising quack, and the pretender to marvellous performances in medicine and surgery, are but individuals of a class consisting of many species. Chemistry constitutes a new and somewhat uncultivated field for the exercise of that peculiar species of talent which makes merchandise of the tears and sufferings of mankind; and the "chemical doctrines" which are from time to time so loosely advanced in medicine by men of a speculative turn of mind, offer a strong inducement to smatterers in both chemical and medical knowledge, to see if they cannot discover in some chemical compound that will supply to the organism the elements which, in consequence of disease, are thrown off in the form of effete matter, the universal catholicon that will place man beyond the reach of the assaults of disease and thus practically subvert a well known law of our nature, comprised in the words Decay and Death.

The stomach, the bowels, and the liver, have received much attention at the hands of these parasitic intruders into the domains of scientific medicine, but they have had their day, and a new incursion has been made into our camp, of searchers into the hidden laws of our being, and the very beginnings of those aberrations which eventually compromise life. The test tube and the crucible are to do for man what the coarser and more vulgar forms of charlatanry that were in vogue in the days of our fathers, failed to accomplish. Alchymy has left the laboratory, and entered the field of practical medicine.

Among those who have of late sought to benefit mankind in general, and himself in particular, by the chemical application of remedies to the cure of disease, is one Dr. John F. Churchill, who claims to have discovered in the *hypophosphites* of lime, soda and potassa, a cure for the terrible maladies included under the vague and indefinable term "Consumption." He sought prestige by announcing his "discovery" through the Academy of Medicine of Paris—a respectable body which, we regret to say, lends its name and influence to many forms of quackery. These hypophosphites have been obtruded on the attention of the profession till we have become tired of the name. We never admitted them to full confidence, as their pretensions did not commend them to our judgment; and now we find that the almost united voice of the profession has pronounced against them. It is high time that they were deprived of any fictitious value that may have been placed upon them by the artful management of Dr. Churchill or his agents.

We have no disposition in the above remarks to deny a therapeutical position to chemical agents in the treatment of disease, when properly applied in suitable cases; but only to enter our protest against the efforts made to press so intricate a science into the service of charlatanry. Nor would we even be understood as wholly denying that the hypophosphites may have claims to a certain degree of value, in the treatment of tuberculosis, simply because we have not personally investigated those claims. Others, however, on whose intelligence and honesty full reliance can be placed, have not found them to possess the virtues claimed for them. Of Dr. Churchill's abilities as a chemist and practitioner, and his sincerity as a searcher after truth, we know nothing, though we do not remember to have heard of him before his name appeared in this connection, and the public has a right to judge him, to some extent at least, by his pretensions and the acts of his "special agent" in this country, who is certainly making use of the most approved appliances of modern charlatanry, to puff the hypophosphites into notoriety, as possessing specific powers in the treatment of "consumption."

In another column, a correspondent calls attention to one mode employed by this "special agent" to keep the interest of the public alive to the claims of this "newly discovered" method of treating diseases of tuberculous origin.

PENNSYLVANIA HOSPITAL FOR THE INSANE.

This institution, located in West Philadelphia, is under the charge of Dr. Thos. S. Kirkbride. For the past three years, additional buildings for the accommodation of patients have been in the course of erection. These have been so far completed as to be ready for occupancy, and they were formally opened on the 27th ult., by addresses from Mr. M. L. Dawson, President of the Board of Managers, Mr. Wm. Welsh, and Mr. Morton McMichael.

The new buildings, which will accommodate about two hundred and fifty patients, are situated at some distance from the old buildings, and are to be devoted to the use of male patients exclusively; Dr. Kirkbride, the very efficient physician and superintendent being determined to carry out the principle of segregation of the sexes, in the future management of the institution. The additional buildings have cost about three hundred thousand dollars, the whole amount having been contributed by friends of the institution. The length of the new buildings is twelve hundred and twenty-five feet.

The whole establishment, including the old and the new buildings, will now accommodate about five hundred patients.

Correspondence.

MENTAL IMPRESSIONS ON THE FŒTUS IN UTERO

Editors of the Medical and Surgical Reporter:

GENTLEMEN:—In one or two numbers of your very excellent journal, communications have appeared, embracing the history of cases which would seem to establish the correctness of the popular belief, that the fœtus in utero may become marked or disfigured by certain impressions made upon the mind of the mother during gestation. This belief is a very old and wide spread one. It is very easy to conceive how it originated, at a period when the true physiology and pathology of the fœtus were entirely unknown, and the most absurd opinions were entertained, even by the best informed physicians, in respect to almost every thing relating to conception and gestation, and to the relations which exist between the fœtal and maternal organisms. The continued prevalence of the belief, among those out the profession, is readily understood when we reflect that the love of the marvelous is a characteristic feature of the popular mind. We confess, however, that we feel not a little surprised in finding, even at the present day, that there are physicians who are inclined to give countenance to the doctrine that ascribes to the imagination of the mother the power of so modifying the development of the child in utero that it shall become impressed with certain abnormal features, bearing a resemblance, more or less perfect, to the objects by which the maternal imagination has, in each case, been powerfully excited.

It is true, that less is now ascribed to the mere powers of the mother's imagination, as a cause of deformity in the fœtus, than to powerful mental shocks experienced by her during pregnancy; while the doctrine, so current in former times, that the unsatisfied longings experienced during gestation are equally effective in their power of marking the fruit of the womb, with vivid impressions made upon the senses of the mother, of a painful or disagreeable kind, would seem to be now almost entirely repudiated.

To the general proposition, that any violent shock inflicted upon the nervous system of the female during pregnancy, may act deleteriously upon the fœtus in utero, we have no particular objection. We are willing to receive it as one extremely plausible, and to a certain extent, perhaps, strictly true. And yet, if we but reflect upon the very small proportion which the cases where children are born with more or less deformity, or with marks of any kind upon the surface of their bodies, bear, not simply to the entire number of births, but to the number of births where the mother during some period of her pregnancy has been subjected to the most violent shocks, and of a character adapted to make the deepest and most lasting mental impression, we may well feel inclined to doubt whether there does actually exist that connexion between mental shocks in the mother and deformity in the child, which is supposed to be the case by some.

The doubt will be strengthened when we compare the large number of cases of congenital deformity or marking that occur in children born of mothers by whom it was very certain that no mental shock of any kind, whether of a pleasurable or painful character, had been experienced. And still further is the doubt increased, when we take into account the very slight and altogether indirect nervous connection which exists between the mother and the fœtus in utero. When we consider that the development of the latter is not due to the plastic forces of the maternal organism, but that, so soon as the impregnated ovum is deposited within the cavity of the uterus its development is due exclusively to its own inherent forces,—it being indebted to the mother for scarcely anything beyond a suitable place and the requisite material for its proper development.

In estimating the true value and exact bearing of the facts that have been adduced in evidence of the agency of mental excitement experienced by the mother during pregnancy, in the production of abnormal conditions in the fœtus, we must bear in mind that numerous facts, apparently as well authenticated, in all respects, and to all appearance equally conclusive, have been adduced to prove that, when any of the morbid and bizarre longings often experienced by the pregnant female are opposed, or, from any cause, unsatisfied, the image of the thing longed for is liable to become impressed upon the child in her womb.

It is very generally admitted, that all cases of monstrosity or deformity—all deviations, in fact, from the normal structure, form, and condition—which occur in the fœtus, are referable to either an excess of development, a defect of development, or to perverted or misplaced development; to the fusion of one or more ova, at an early period of their development; to spontaneous amputation, in part or in whole, of the fœtal limbs; or, to the effects of certain intra-uterine diseases. That these various vices of development—this redundancy or deficiency or loss of certain parts or of entire limbs—such particular morbid conditions of the fœtus, in any given case, may be referable, occasionally, to violent impressions or shocks inflicted upon the mind of the mother during gestation, we admit as probable, though it has not, certainly, been established as a positive truth.

The foregoing admission is not, however, to be considered as involving a recognition of the absurd proposition, that the imagination of the pregnant female, when powerfully excited by any frightful, strange or revolting object, is able, by a kind of neurographic power, if we may be allowed to coin an expressive term, to impress upon the fœtus in utero, the exact image of such object, and with all adjuncts necessary to commemorate the circumstances under which the mental excitement occurred, as in the second of the cases related by Dr. Woodward, of Illinois, in the REPORTER of October 1, 1859, where "the every appearance of a *large* rattlesnake," *scales* and all, with the body of which the mother had been frightened during her pregnancy, was stamped upon the infant, and across its abdomen too, it being the abdomen of the mother which was struck by the body of the reptile when this was playfully thrown at her by her husband.

The influence which is thus supposed to be exercised by the imagination of the mother in marking and modifying the body of the fœtus in utero, however rare its occurrence may be claimed to be, is, we must always recollect, a phenomenon altogether dissimilar to anything that has been observed to take place in any of the acts, whether normal or abnormal, of the plastic power of any part of the animal organism subsequent to birth. No modification of the plastic power has been known, in a single instance, to be caused by a shock inflicted upon the mind of an individual, or by any freak of the imagination when intensely excited by some powerful mental impression. Now we know of no reason why this should be so; the character of the nutritive process, as it exists before and after birth, is precisely the same, or, if any difference do exist, it is only in respect to activity and direction. It is very certain that the process is more directly under the influence of the nervous system in the individual after birth, than it is in the fœtus, and consequently far more susceptible, we should presume, of being modified by powerful nervous impressions.

We may be asked, perhaps, what disposition we intend to make of the cases on record in which marks and deformities have been observed in children, bearing a decided relation, in their character, to objects by which, during pregnancy, the minds of the mothers have been violently affected. To such an inquiry we should reply, without hesitation, that we should refer the supposed relation which, in all such cases, the condition of the infant bears to certain objects by which the mind of the mother was strongly impressed while she bore it,—not to the influence of *her* imagination upon the fœtus, but to the disturbing influence exercised by the imagination of herself and friends upon their respective powers of observation, and upon the clearness and accuracy of their respective judgment. "*Qui vult decipi ergo decipiatur.*" C.

THE HYPOPHOSPHITES.

New York, Oct. 24, 1859.

MESSRS. EDITORS:—I have lately been favored with the receipt of a circular, signed by J. Winchester, of 43 John street, New York, the first part of which bears the title, "a few words to the profession," and contains severe strictures on that part of the report from Essex county, of the transactions of the Medical Society of the State of New Jersey, recently published, which refers to the hypophosphites of lime and soda.

Mr. Winchester, who is the *agent* of the article, is in possession of autograph letters from Dr. Churchill, and has "made arrangements for the importation of *Phosphorus* (*!*) directly from the English and French manufacturers upon a more extended scale than any other chemist in the United States," is severely "*down*" on the Reporter of Essex county for saying "that in several cases, where the administration of the hypophosphites was said to have been followed by excellent results, on close inquiry it was found that in all these cases cod-liver oil and other remedies had been employed, to which the results attributed to the hypophosphites were un-

doubtedly owing;" and he finds fault that the remedy was not used alone, and just *exactly* as Dr. Churchill, upon whom Mr. W. seems to look as a sort of hypophosphoric Pope, prescribes.

As the above circular has undoubtedly been largely circulated among the profession, and is calculated to lead to wrong conclusions regarding the efficacy of the article in question, allow me to quote the following concluding remarks of Dr. A. Dechambre, the learned editor in chief of the *Gazette Hebdomadaire*, which he appends to the account of a a dozen cases observed. examined, and analyzed by him, in conjunction with *Dr. Churchill himself*, in the latter gentleman's *own* dispensary. Most of these cases are reported in Dr. C's. own ward, and there can *hardly* be a doubt but that a "*fair*" and "*complete*" trial of the treatment was had under these circumstances.

Says Dr. Dechambre:

"Of the dozen observations, an account of which the reader has just finished, there are two in which I believe I am justified in *doubting*, from my first examination, the *existence of tubercular phthisis*. . . . In one of these two cases, the general condition of the patient was ameliorated, and the local affection had remained stationary at the end of four months of observation. In the other case all symptoms had disappeared at the end of four months. There remain ten cases which we can, with every appearance of certainty, ascribe to tubercular phthisis. Among this number *once* the local condition was amended at the end of 4½ months; once it had remained stationary at the end of 4 months; *eight times* it had been aggravated at the end of 4, 2, 3, 5, 4, 3½, 4½ months, and three times in half a month. In the general condition of the patient, amelioration had been evident *five* times; *one* time no appreciable change had taken place; *four times* it had been aggravated. . . . . .

"After these results," continues Dr. Dechambre,[1] (and the reader must bear in mind that they were obtained under the co-operation of Dr. C.,) "*it is impossible for me to attribute to the method of treatment employed by Dr. C. any influence over the progress of tubercle.*" . . . . .

Yet in view of such facts, which are published under Dr. Churchill's own observation, and of which he is aware, sentences like the following are spread before the public, manufactured in Paris, we strongly suspect, expressly for the foreign (American) market and J. Winchester's special benefit. What smacks stronger of the most unmitigated charlatanism than the following extract from one of Dr. Churchill's letters to the said Mr. J. Winchester:

"What I am anxious for is, that the hypophosphites should be brought, as speedily as possible, into universal use, as I know that they will prove not only as sure a remedy in consumption as quinine is in intermittent fever, but also as effectual a preservative as vaccination in small-pox."

[1] Gazette Hebdom., Oct. 1st, 1858, No. 40.

I would of course not have deemed it necessary to say a word regarding this matter had merely a criticism, however severe, of the Essex county report, been concerned. But as it has been made a vehicle for a *puff*, which leads to a false appreciation of Churchill's method, I thought it not out of place to give the resumé of the above cases in Dr. Churchill's dispensary, published under the signature of Dr. Dechambre.[2]

CH. F. J. LEHLBACH, M. D.
Reporter for Essex county, 1858-9.

Items and Miscellany.

Dr. Joseph M. Houston, of Milton, Del., has taken a situation in the French Naval Supply Service, as Surgeon, and will start on his first cruise early in November.

New Orleans, Oct. 29.—The yellow fever continues at Galveston and Houston. Indianola is free of the disease. It is reported that twenty-five deaths from yellow fever occurred in Charity Hospital, N. O., last week.

Clerical Mortality.—Of the twenty-five hundred ministers belonging to the Old School Presbyterian body in May, 1858, thirty-one died within the year following, making the death rate twelve and half, or one-sixth lower than the most favored people known on the earth, as to health.

The Pennsylvania Hospital has relied upon individual contributions for its support, having had no aid from the State in the present century—the last grant by the Legislature having been in 1796, toward the completion of the west wing, for the insane, on Ninth street.

The Glasgow Eye Infirmary.—Dr. Mackenzie of this institution, in an address, makes the following statement: "31,490 patients have been admitted on our journals since 1824, by which I do not mean that their names merely have been taken down, but their cases minutely gone into and recorded, as well

[2] Since writing the above, I have been pleased to see that Dr Howard Townsend, of Albany, in article 17 of the Transactions of the Medical Society of the State of New York for 1859, entitled "Hypophosphites," takes substantially the same position as that assumed in the Essex county report, and could we canvass the opinions based upon the experience of the profession generally, we have no doubt that the same result would be obtained.

as the treatment prescribed, and the results of that treatment. Upward of 1,740 operations have been performed on the eye, some of them, no doubt, trivial; but the major part serious and important, as involving the preservation or restoration of sight. The number of students admitted as pupils amounts to 447, who have been the means of carrying the doctrines and practice here followed, not only into different parts of the United Kingdom, but to some of the remotest regions of the globe."

Sir David Brewster has accepted the Principal's chair of the Edinburgh University.

Deodorizing the Thames.—The *Med. Times and Gazette* says, that the experience of the past summer showed that the condition of the river might be controlled by free use of deodorizing agents applied to the contents of the sewers; and it also indicates the importance of resorting to them at an earlier period than was practiced in the present year.

Surgeon Gunnell has been detached from the Fulton, and ordered to the new steamer Pensacola.

The subject for discussion at the next Conversational Meeting of the Philadelphia County Medical Society, on Wednesday evening next, the 9th inst., will be "The Diagnosis of Ovarian Tumors."

Professor Dunbar, of Baltimore, is at the head of a movement in that city, designed to be the initiative of an inebriate asylum for Maryland.

Underground Temperature.—A paper read before the British Scientific Association, on "Underground Temperature," stated that, with a thermometer sunk to the depth of three feet, the greatest cold was experienced in February, while at six feet deep the greatest cold was in March; at twenty feet deep the greatest cold was in April, and at twenty-four feet deep the greatest cold was in July.

Spots on the Sun.—The spots on the sun are unusually numerous and large this year. At the present time there are eleven groups of spots visible, two of which have just made their appearance on the western edge. They are of interest just at this time, inasmuch as there is some reason to believe in a concurrence between the periods of their maximum and minimum abundance and that of the aurora or magnetic storms. A very large spot has been recently observed nearly in the centre, embracing a central black spot and a still larger penumbral region. It is said to be undergoing, daily, remarkable changes.

Importation of Foreign Bees.—The Agricultural Bureau of the United States Patent Office have received intelligence of the shipment from Havre, France, of a large swarm of Lombardy bees. They are of a larger size than the ordinary bee, and, having a longer bill, are able to suck flowers inaccessible to the American bee. The product of an old hive of these bees is sometimes 150 lbs. of honey in one season. These bees will not be distributed until 1861, by which time it is expected to rear from the swarm now *in transitu* stock enough for six hundred hives.

Dr. M. J. Asch's course on medical chemistry, in all its relations to medicine, pathology, and toxicology, will commence in a few days. The course will be well illustrated by experiments and the use of the microscope.

A fossil skeleton of a frog has been found in England, which, from its size, must have belonged to an animal weighing half a ton. . . In the last thirteen years in England, 7,312,287 legitimate children were born, and 520,704 illegitimate. . . . . The Japanese have fitted out an exploring expedition. . . . . Electricity has been recently used as a means of coercion, instead of the straight-waistcoat and douche, for the insane. . . . . A fœtus, in which the anterior abdominal parietes were deficient, was exhibited at the last meeting of the London Obstetrical Society. . . . . An autograph of Harvey was lately sold for twenty pounds. . . . Some cattle have been poisoned in England by eating leaves of the yew tree. . . . . A case of death from chloroform has occurred on the Dreadnaught Hospital ship London. . . . . Smallpox is unusually prevalent in London. . . . The *N. Y. Times* numbers fifty-three actual suicides within the last six weeks, and twenty more unsuccessful attempts. . . . The Board of Governors, of New York, have passed a resolution restricting the use of tobacco in the workhouse department to the boat's crew who carry the prisoners and visitors to and from the island. . . . "I presume you won't charge anything for just *re-membering* me," said a one-legged sailor to a wooden-leg manufacturer.

To Correspondents.

Dr. R. S., Tenn.—The relative value of different kinds of wire for suture, has not yet been determined by sufficient experience. Dr. Simms, whose experience is the greatest, prefers the pure silver wire. Mr. Simpson chooses the simple iron wire, and in the Pennsylvania Hospital the surgeons have been using lead wire. Success has attended the use of each kind. The iron wire has the advantage of strength and cheapness; the silver wire is smoother and more flexible.

The use of metallic sutures of different kinds in the Philadelphia Hospital, would rather incline us to rely most on the silver wire. The sizes used are from guage twenty-eight to thirty-two. Pure silver or iron wire and the proper needle for their use may be had from Gemrig or Kolbé, instrument makers of this city. They can be procured at a cost of about fifty cents, and can be sent by mail.

Dr. C. H. S., New York.—The lead water and laudanum lotion, spoken of in the reports of Pennsylvania Hospital, is prepared by adding an ounce each of Goulard's extract (strong) and laudanum to a pint of water. It may be used stronger or weaker than that.

Graduate.—Dispensary appointments are only made when vacancies occur. Candidates are not examined, but are required to possess the degree. The rules, we believe, do not make it necessary to reside in the neighborhood allotted for practice, but it is probable that a residence in the district which may be vacant would be a recommendation for obtaining the appointment. No salary is paid. Application should be made to the Managers of the institution.

Drs. M., of Tenn., and F. and W., of Pa.—We can still furnish the Reporter *from the commencement* of the weekly series at the subscription price.

COMMUNICATIONS RECEIVED.—*California*, Dr. A. H. Hœrshner, (with encl.)——*Illinois*, Dr. James Robarts, Dr. B. Woodward—*Indiana*—Dr. G. W. Robbins, (with encl.,)—*Kentucky*, Dr. John D. Jackson—*Mississippi*, Dr. S. Buford, (with encl.,)—*New York*, Dr. M. Stephenson, (with encl.) Dr. T. C. Brinsmade, (with encl.,) L. Bauer, "Gotham,"—*North Carolina*, Dr. H. G. Lungren, (with encl.)—*Pennsylvania*, Dr. J. M. Stevenson, (with encl.,) Dr. E. L. Melsheimer, (with encl.,) Mr. John Hulme, Dr. S. P. Bartleson, (with encl.)

Office Payments.—Drs. H. S. Jacoby, W. C. Graham, A. J. Watson, S. Tyler Miller, J. E. Hawkins, F. S. Seitzinger, Spencer Roberts, W. S. Halsey, C. P. Keichline.

MARRIAGES.

BOLTON—HOFF—At West Bloomfield, N. J., Oct. 26, by Rev. J. A. Priest, Dr. Edward C. Bolton, of New York, to Fanny R., daughter of the late Rev. B. Hoff.

SHEPPARD—MEEDS—At Richmond, Va., October 18th, by the Right Rev. Bishop McGill, Dr. N. C. Sheppard, of Buckingham county, Va., to E. Laura, only daughter of Edwin Meeds, Esq.

JONES—DAVIS—October 26th, at the Sand Hills, near Augusta, Ga., by Rev. S. S. Davis, D. D., assisted by Rev. C. C. Jones, D. D., Professor Joseph Jones M. D., of the Medical College, Augusta, to Caroline P., daughter of Rev. S. S. Davis.

DEATHS.

CHURCHILL—October 27th, in New York, of pneumonia, Charles W. Churchill, M. D.

HARDAWAY—Near Columbus, Ga., October 16th, George Stanfield Hardaway, A. M., M. D., aged 25 years, 8 months and 5 days.

PECK—In Brooklyn, suddenly, on the 26th of October, Julia, wife of Dr. Aaron E. Peck, aged 24 years.

ROBERTS—On the 26th ult, James Blair, son of Dr. Charles B. and Sarah Roberts, aged 6 years.

FRICK—At Germantown, on Monday afternoon, 31st ult., Dr. Jacob Frick, in the 77th year of his age.

MURPHY—In this city, on the 30th ult., Mrs. Mary G., wife of Dr. S. Murphy.

SHERWIN—Dr. Ira Sherwin, of Harborcreek, Erie county, Pa., died recently, aged 63 years, 2 months and 3 days. He had been in his usual health during the day, went to bed at the usual hour, and at about 4 o'clock his wife awakened and found him dead.

NEW YORK OPHTHALMIC SCHOOL.

THE EIGHTH SESSION of the above Institution will be commenced October 2d, and continued until the 1st of March, at the New York Ophthalmic Hospital, No. 6 Stuyvesant Place, near the junction of Third avenue and Ninth street.

Clinics every Tuesday and Thursday, from 1½ to 2½ P. M., by Drs. STEPHENSON and GARRISH.

Lecture on Ophthalmic Surgery every Saturday evening, at 7½ o'clock, by MARK STEPHENSON, M. D.

Over 300 medical pupils and practitioners have availed themselves of the advantages of this school since its organization, the most of whom have passed an examination and received the diploma of the institution.

Since its incorporation, between 7,000 and 8,000 patients have been prescribed for at the Hospital, offering a vast field for clinical observation.

Dr. STEPHENSON'S *Essay on the Treatment best adapted to each variety of Cataract* can be obtained from Mr. J. SMITH, the apothecary of the hospital Five copies, $1; single copies, 25 cents, in postage stamps, sent per mail to any part of the United States, the avails of which are given to the Institution.

Members of the class will be furnished with the *Essay on Cataract;* also, Dr. STEPHENSON'S *Syllabus* of his Course of Lectures on Ophthalmic Medicine and Surgery, without any extra charge.

Tickets for the entire course, $5 50, including a parchment testimonial, signed by Prof. MOTT, Dr. FERRIS, and the attending surgeons.

For further particulars inquire of Dr. M. STEPHENSON, 194 Fifth Avenue, or Dr. J. P. GARRISH, 40 West Twenty-first street, New York.

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FOR THE SESSION OF 1858-9.

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Kelsey, W. C., N. J.	Wades, J. W. B., (Surgeon,) Scotland.
Kindall, J. M., (M. D.) Ind.	Wickliffe, Chas. W., Ill.
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Extract from the resolutions, passed by the class of 1857 and '58:

"*Resolved*, That we believe the advantages to be derived from the Lectures and Clinics at the New York Ophthalmic Hospital, cannot be surpassed by any similar institution."

159 ISAAC FERRIS, D. D., LL. D., Pres't.

THE

DENTAL COSMOS.

A Monthly Record of Dental Science.

EDITED BY

J. D. WHITE, M.D., D.D.S., *Original Communications.*

J. H. McQUILLEN, D.D.S., *Dental Literature and Art.*

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Also to the EDITORS OF THIS JOURNAL. 155

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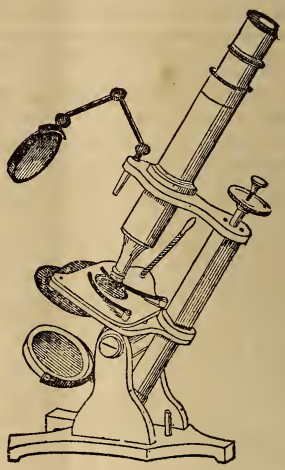

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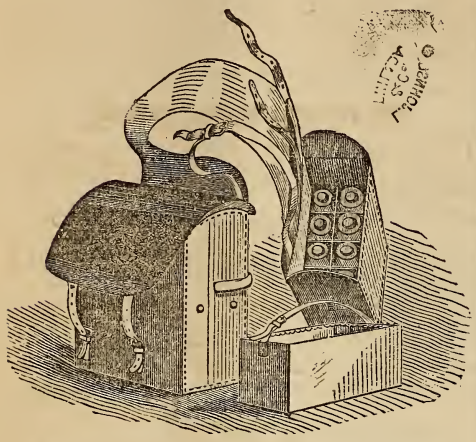

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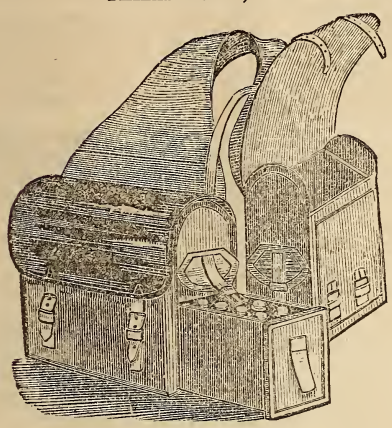

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A.	" 8, containing 24 1 oz. Fluted Vials,	8 75
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A.	" 10, cont. 20 1 oz. Fluted Vials,	7 75

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	" 6 & 11 " 20 1 oz. " "	9 50
Ext.	" 11, " 20 1 oz. " " with pockets,	10 25
A.	" 11, " 24 1 oz. Fluted Prescription Vials,	8 75
	" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 13, " 20 1 oz. Fluted Prescription Vials,	7 75

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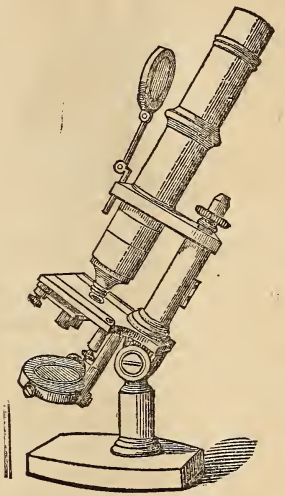

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Fig. 1.

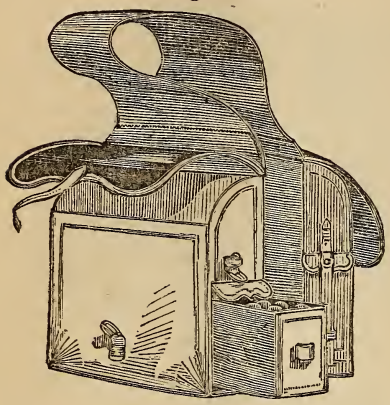

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	"	20	"	9.50
"	"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

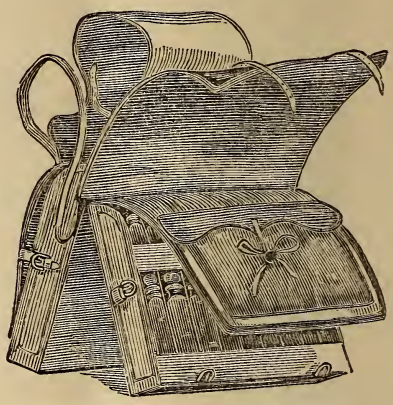

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	"	28	"	11.00

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EMBRACING, AMONG OTHERS,

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Pil. Ferri, (Quevenne:)
Pil. Ferri Comp.:
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Pil. Calomel Comp., (Plummer's:)
Pil. Copaibæ:
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WHOLE SERIES, NO. 160. } PHILADELPHIA, NOVEMBER 12, 1859. { NEW SERIES VOL. III. NO. 7

ORIGINAL DEPARTMENT.

Communications.

Removal of a large portion of the Os Frontis, and Ossa Parietalia for Caries.

By A. G. Walter, M. D.

Of Pittsburgh, Pa.

Mrs. Catharine McVay, widow, aged 50 years, of bilious constitution, dark complexion, and nervous temperament, enjoyed good health till within the past twelve years, when, in consequence of abuse from her husband, who threw her down and pulled her about by the hair, a feeling of coldness and uneasiness t the top of the scalp, with frequent giddiness, followed. Two years afterward, a sharp lancinating pain set in, with swelling in the crown of the head, which, gradually increasing, formed a hard tumesence on the top of the head and over the os frontis. The pain was intermitting, and of different degrees of intensity, undermining her health and augmenting the irritability of her temper. Two years ago she accidentally struck her head against a door. The pain in consequence was such as to cause fainting. Since then her sufferings have been beyond endurance. Slight intermissions through the day were followed by increase of pain at night. The whole crown of the head was found swollen, as well as the os frontis, above the glabella nasi, from interstitial deposit and osseous hypertrophy. The scalp was very tender to the touch, and swollen, as well as the eyelids. Her stomach did not sympathize with the head affection, though the bowels were obstinately costive. Decided relief was obtained by two large incisions over the ossa parietalia, from before backward, 1½ inches apart, down to the calvaria, which were kept open by peas for many months, during which time the cephalæ had entirely disappeared, her health visibly improved, the patient indulging in the hope of complete recovery. The swelling of the scalp gradually subsided. A small piece of the external table of the right parietal bone having exfoliated, the patient, careless in her dressings, allowed the wound in the scalp to close. She remained free from pain and in the enjoyment of perfect health for three years, when, after exposure during travelling, some two months ago, the top of the scalp, the seat of the previous swelling, again inflamed, and became painful. One of the scars, the result of a former incision, opened spontaneously, discharging some offensive pus, but with evident relief to the headache. A probe being introduced into the fistulous opening, discovered the scalp extensively undermined, to the extent of more than four inches, the cranium being denuded of the pericranium, and carious, with honeycomb perforations. The fistulous opening being enlarged, matter was seen exuding from the perforated skull, undulating with the impulse of the cerebral circulation. The headache had again become intense in paroxysms, aggravated at night, though less in intensity than on former occasions. She soon became emaciated, lost her appetite, her pulse being quick and irritable. Her menses had not appeared for four years past. There was no syphilitic taint discoverable. Removal of the whole carious portion of the skull offering the only probable and permanent relief to the patient, trepanation was determined upon, the amount of the diseased cranium, though very large, not being considered an objection to ultimate success.

On Feb. 3, 1858, assisted by Drs. Ackenbach and McGrath, a large incision (5 inches

in extent) was made over the top of the head through the former cut and down over the os frontis, which was crossed by another to the same extent. The flaps were then reflected by dissection. The calvaria was found almost denuded of pericranium, and perforated by numerous carious openings, through which matter exuded, pulsating synchronously with the beat of the heart. A probe introduced into those cloacæ discovered caries of the internal table of the skull; three large trephines were applied at the first sitting, and the skull included in them removed, which was found greatly hypertrophied, making the resection a rather tedious proceeding. The dura mater now exposed, showed extensive disorganization and thickening, being covered with a thick, soft, pulpy, dirty looking membrane, and with matter, which was exuding around the opening, even from below the os frontis. The operation being protracted on account of the hypertrophied and ebony like condition of the skull between the carious portions, and anæsthesia not having been induced, for fear of bad results, no more of the diseased skull was removed at present, fearing to disturb the cerebral circulation by taking off too suddenly such an amount of the natural pressure, which the bony vault had offered to the brain. There was very little bleeding, the patient evincing not much uneasiness during the operation. The wound being cleared of the fungous mass lining the dura mater and of blood, the flaps of the scalp were laid back and covered with a linseed poultice. But slight reaction followed, sleep was natural, the pulse lost its quickness and irritability, being reduced to 80 or 90 beats. The periostitio swelling of the os frontis, so conspicuous before the operation, gradually disappeared. For some days the condition of the patient was very satisfactory, when an erysipelatous swelling of the forehead, bridge of the nose, cheeks and eyelids appeared, which also subsided; the wound of the scalp mattering duly and kindly, the dura mater becoming covered with healthy granulations. Headache too had disappeared. There was entire absence of fever, all organs acting naturally. Habitual costiveness however had to be occasionally relieved. A simple linseed poultice constituted the only dressing to the head. About two weeks after the operation a small abscess formed over the middle of the os frontis, which on being opened showed the bone beneath extensively carious. Exfoliation of pieces of the skull around the trephined openings having taken place, two more trephines were applied again far beyond the diseased portion of the cranium, which was found carious on its inner table, and hypertrophied between the carious portions. The reparative process by plastic exudation and agglutination of the edges of the scalp to the dura mater having been very active, part of the flaps had to be reflected again by dissection before the second trephining. No reaction following the second operation, the dura mater on the top of the head was exposed by the retraction of the flaps of the scalp, but cicatrized kindly. Two weeks later, two other pieces were removed by the trephine, the intervening portions of the skull between the trephined holes being resected by a fine saw. One trephine was applied to the middle of the os frontis over a fistulous opening leading into the left frontal sinus, and the skull removed, which was thickened and hardened. Two more were applied over the vertex. All the carious skull had thus been resected, the excisions having been carried into the healthy structure of the skull. The wound of the scalp, covered with linseed poultices, was left to itself. Retraction of the edges of the scalp and their speedy adhesion to the dura mater was remarkable, cicatrization going on uninterruptedly. All pain now ceased. The patient walking about with comfort. The top of the head having perfectly cicatrized, a fistulous opening only remaining over the forehead, from which in the middle of May a large piece of bone exfoliated, after which the fistula soon closed. The wound being perfectly healed, a few weeks after, the cicatrix showed an unusual degree of firmness, the undulating motion of the brain not being any longer perceptible. The patient freed from the distressing headache, and in the enjoyment of excellent health, soon

after left our hospital, and some months later, this city.

The happy result of the foregoing case in the absence of all risk to the functions of the brain, after the removal of such an extensive portion of the skull (near five inches in diameter) and in the absence of all undue febrile excitement and irritation, is but another instance of the great powers of Nature, which she is daily disclosing. Being amply able to heal and repair ailments and injuries by her own wise and wonderful resources, only needs the surgeon's assistance to free her from those extraneous and irritating agencies which prevent her from unfolding and accomplishing her curative desires and actions.

A Case of Dyspepsia cured with Strychnia.

By O. C. Gibbs, M. D.,
Of Frewsburg, N. Y.

There are but few diseases more annoying to the physician than dyspepsia. The results of medication are often quite unsatisfactory to the physician, and doubly so to the hypochondriac patient. The caase of the disease is often to be found in the sufferer's habits of life or mode of living, which, as is too often the case, he is either unwilling or has not the fortitude to change. If out-door exercise or manual labor is advised, instead of following the judicious prescriptions, he wonders at the obtuseness of intellect that cannot better understand his case, and changes physicians. Medicines he will have, however unwisely selected or unadapted to his case.

In our experience, we have found it a matter of necessity to so regulate the functions and mitigate the symptoms as to awaken the energy and ambition of the patient before proper rules of exercise, so important for the physical and mental welfare of the patient, can be enforced. Hence, all that concerns the therapeucia of this affection are matters of interest, and any fact, however isolate in character or limited in range, is by no means unworthy of record. It is in view of this last fact that we report the following case:

In May, 1859, we were called to see Mr. K——, aged about 40 years. He had been ailing for about two years; was now considerably emaciated; his skin dry and sallow; his tongue furred, and bowels costive. He was greatly discouraged, irritable in temper, melancholy, and desponding; his appetite was capricious; his sleep disturbed, irregular and unrefreshing. He had been under treatment most of the time since his illness commenced. Regulars, homœopaths, eclectics, and all the traveling physicians that had perambulated the country in the time, had all had an opportunity to try their skill upon him. He seemed the worse for their attentions, and succeeding months only added to the amount and complication of his sufferings. For the last six months he had been in the habit of taking physic every other day. He had great faith in the purgative process, and supposed he could not live long without cathartics. That greatly abused organ, the liver, was supposed to be the disturber of his peace, and the cause of all his sufferings. The *Regular* beseiged it with calomel and blue pill until the general health suffered, but the disease refused to capitulate. The *Homœopath* tried to coax the offender from his strong hold with sugared mercurialis, but all to no purpose. The *Eclectic* fired his big guns, loaded with leptandrin and podophyllum peltatum with no better effect. Now the blood was supposed to be in fault, and the great purgative purifiers were put in requisition.

We informed the patient we would undertake his case only on condition, that he would follow our directions to the letter, and take, during the time, no other medicines. To this he consented. We ordered nitro-muriatic acid, in four drop doses in cinnamon water, three times a day, and Prof. Mettauer's aperient solution, in teaspoonful doses, three times a day; the dose of the last article to be increased or diminished, as necessary to secure simply one alvine evacuation daily. This treatment was continued for ten days with slight improvement. We now ordered the following:

℞. Quiniæ sulph. gr. xx.
Bismuth. subnit. ʒ jss. M.

Divide into twelve powders, and take one three times a day.

R. Sp. ammon. arom.
Tr. cardam. co. aa, f. ℥ ij. M.
A teaspoonful three times a day.

This treatment was continued for two weeks, with improvement of some of the distressing symptoms in the gastric region. The bowels were obstinately costive, and would not move once a week, unless in response to active cathartics.

Thinking now that the fault of the system consisted in a defect of nervous energy supplied to the organs of digestion and assimilation, we ordered strychnia, in one sixteenth of a grain dose, three times a day; the mixture of ammonia and tincture of cardamoms to be continued. At the end of a week the patient said he felt better than he had done in a year, and was satisfied the last prescription was exactly what he needed—(we had not informed him of its nature.) The bowels were regular, and the mind cheerful and hopeful. We have several times observed this mental change under the administration of strychnia. The treatment was continued about four weeks longer, when the patient was discharged, cured. He is now in good health and flesh, and is daily employed in active farm labor.

Similar, in one or two points, to the above case is another which we have now under treatment. The patient is a female, aged 47 years, and has been troubled with costiveness for twelve years. She is quite thin, and looks like one addicted to the use of opium, but is free from that habit. She has been taking strychnia for two weeks, and to-day informs us that she has derived more benefit from this prescription than from anything else she has ever taken. Her bowels are now quite regular, though she has not taken any laxative medicine since she commenced the use of the strychnia.

We have several times previously derived the happiest effects from strychnine in certain forms of costiveness.

That this article of medicine will always act as favorable as in the case reported, is not to be expected. But, if it will act curatively in one case in ten, or will mitigate, with any regularity, any of the distressing symptoms, it will prove a valuable addition to our long list of remedies in such cases. We think it is certainly worthy of further trials.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

OCTOBER 22D.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Bronchitis.—This patient—a female, forty-five years of age—had been exposed in washing, five weeks ago, to a drenching rain; had cough and fever, and grew worse and worse for two weeks, when she was admitted to the Hospital. She came in in a very exhausted and desponding condition, with severe dyspnœa, rapid respiration, muco-purulent expectoration, rapid, soft pulse and furred tongue, with dry râles over the chest, and with mucous and sub-crepitant râles over the lower two-thirds of the back. The percussion was nearly natural; there was very slight dullness over the lower part of the back, dependent, no doubt, on the congestion and imperfect expansion of the lung-tissue, caused by capillary bronchitis.

Treatment.—Decoction of Seneca snake-root was ordered, a table spoonful every two hours; this was not well borne by the stomach, and was put aside. Syrup of tolu and solution of morphia, equal parts, was substituted, and a teaspoonful given at first every two, and then every four hours. On the third day, as the tongue was dry and red, oil of turpentine, ten drops in emulsion was given every four hours, alternately with the tolu mixture, and a blister was applied over the front of the chest. A wine-glass of wine-whey was ordered every four hours. On the fourth day of this treatment she scarcely coughed at all. Her breathing is now much better. Percussion over the back is natural; there is still in the back a slight amount of sub-crepitant rhonchus, but a perfectly good, strong vesicular respiration under the clavicles. She is still upon the oil of turpentine, and has punch and a good nutritious diet.

Dr. M. remarked that he had treated this patient more for her general state than for the local disease. If he had employed tartar emetic, low diet, cupping, etc.—the usual remedies for the early stages of her disease,—she would, in all probability, have sunk and died. Often we were obliged, in a measure, to set aside the ordinary treatment for the local disease, and give stimulants and tonics for the constitutional or general condition.

Rheumatic Gout.—The attention of the class was called to the joints of the fingers and wrists, and to the knees of this patient, a woman 40 years of age. They were in a state of chronic inflammation induced by living in a damp house. These joints were deformed and distended by the synovial fluid. The knees were very much swollen, bulging internally, elastic to the touch, bluish in color, not painful upon pressure, but very much so upon any attempt at exercise. The ankles were also affected. There was as yet no hardness—no chalky depositions in the swollen joints. Her disease was what is called by Fuller, hybrid rheumatism, or rheumatic gout.

Treatment.—She was taking ten grains of phosphate of ammonia and a table spoonful of cod-liver oil three times a day. To relieve insomnia, from which she suffered much, and which was both a very painful and a very wearing and injurious symptom in any disease, five grains of Dover's powder were given at night. She had decidedly improved since her admission into the hospital, five weeks and a half ago. The condition of her chest and heart was good. He had urged her to take gentle exercise. Standing and walking were both painful, but she was able now to hobble around the ward upon crutches.

Her urine contained an excess of phosphates; its sp. grav. was 1020. No albumen, nor casts of any kind, had been discovered in the urine, though it had been carefully examined.

Constitutional Syphilis.—This patient came in on on the 10th of October, with sore throat, pain in his left ear, rheumatic pains aggravated at night, ozœna, loss of appetite, and general debility. He also had ulcerating tubercles upon the face. He has had a chancre and bubo, and is now suffering with tertiary syphilis.

Treatment.—Constitutional—bichloride of mercury, 1-24th gr., three times a day, before meals, taken in a wine-glassful of cold infusion of cinchona bark, and iodide of potassium, 5 grs., after meals. Local—for the ozœna, Dr. M. had employed the chlorate of potash, which he had seen highly recommended in a foreign journal as a corrective of the fœtor, and a very excellent remedy in curing the disease:

℞ Potassæ chlorat. ʒi.
Aquæ destil. f. ʒiv.

to be snuffed up the nose from the hand of the patient several times a day. For the otitis, leeches had been applied in front of the meatus. The patient had greatly improved.

OCTOBER 26TH.

Post Mortem Specimens.—These specimens were taken from a subject who had died suddenly of *Delirium Tremens*. The patient had been very ill with the disease for two days, when he improved so much as to give good hope of recovery. He regained his intelligence, slept well for some time, and progressed favorably for about thirty-six hours, when, suddenly, twenty minutes after he had asked some questions about his food, he expired.

The patient had been treated according to the stimulant plan, as followed in this hospital. The pathology of the disease, Dr. M. remarked, was not well understood, and its treatment not well settled.

The *brain* was healthy,—the membranes showing no traces of inflammation. The sinuses were much engorged with dark blood,—the *lungs* natural.

The *liver* was softened and pale; it was in an advanced condition of fatty degeneration.

The *kidneys* were congested.

The *stomach* was thickened and inflamed, but not ulcerated.

The *heart* was large, but exhibited no signs of acute inflammatory disease. In the right cavities was found what Dr. M. believed to be the cause of the sudden death. A large clot occupied the right auriculo-ventricular opening. This clot, as seen in the auricle, was as large as a small walnut. It was blackish in color on the outside to a small depth, but in its interior was whitish and very firm. It projected into the ventricle a full inch and a-half beyond the edges of the tricuspid valves, was very solid, and quite whitish in color. It adhered strongly to the curtains of the valves, to the chordæ tendineæ, and to portions of the columnæ carnæ. So much did this concretion block the orifice in which it had formed, that water poured into the right auricle passed very slowly indeed into the ventricle, and until a careful search was made, it was difficult to see what passage had remained during life for the transmission of blood from the auricle to the ventricle. The tenacity with which it clung to the edges of the valves and neighboring parts, was such that several of the chordæ tendinæ were broken in an attempt to dislodge it. There was a small, cylindrical, whitish coagulum in the orifice of the pulmonary artery. In the left side of the heart was found only a very small fibrinous clot.

Dr. M. said he had no doubt the clot here exhibited was the cause of the sudden death. There was no other condition revealed by the autopsy capable of explaining the instant extinction of life, after a complete recovery from the violent symptoms of the disease. That the coagulum had been formed some time before death there could be no reasonable doubt. It was an *ante-mortem* clot. This was proved by its great solidity; by its remarkable paleness of tint, showing that the fibrine had been

whipped clear of all red globules; by its large size; and lastly, and most conclusively of all, by the tenacity with which it clung to the curtains of the valves, to the chordæ tendinæ, and to the columnæ carneæ.

Dr. M. asked whether the formation of such clots might not more frequently than was generally supposed, explain the occurrence of sudden death in this disease,—deaths which occurred without warning, unexpectedly, and without the possibility, in many cases, of our foreseeing them.

The formation and detachment of clots, and their arrest in some portion of the circulation, to which the term 'embolismus' has been applied, was made the subject of extended remarks by Dr. M., and an interesting and instructive case occurring in his private practice related in detail, the consecutive phenomena of which could only be explained by assuming the occurrence of this accident.

Percussion and auscultation over the chest revealed nothing wrong. There was no increase of dullness over the heart, but its impulse was decidedly feeble. The sounds of the heart were natural, but indistinct; the first sound was a little shorter than usual.

The abdomen was fuller than natural, owing to enlargement of the liver which had existed three or four months. The tongue was of healthy appearance.

When at rest the patient suffered from no particular distress or inconvenience, beyond a feeling of general debility. Active exertion had become almost impossible to him. Slow walking, especially on a plane surface, was not injurious, but rapid exercise, and the act of mounting a hill or staircase, brought on distressing shortness and labor of breathing. After an effort of this kind, he was often obliged to sit down to rest. The urine had been examined and found to be healthy. The bowels were torpid, but there was no want of bile in the discharges. The appetite was very moderate.

The cause of the physical signs and the rational symptoms in this case was in Dr. M.'s opinion, the existence of fatty degeneration of the heart. This result was arrived at by the method of exclusion, and by the positive signs present; the feebleness of the sounds of the heart, the shortness of the first sound, the feeble impulse, the general debility, and the *arcus senilis* which was well marked in the patient. The latter condition was dependent on a deposit of fat in the interstices of the cornea, and had been found a valuable diagnostic sign of the disease under consideration.

Treatment.—Iron and quinine, good diet, and quiet.

Prognosis unfavorable to ultimate recovery.

The history of the second case was similar in some respects to that of the first. The patient was 60 years old, a negro, cook upon a vessel. He says that six months ago he was perfectly well. This, Dr. M. thought could hardly have been the case, for patients of this class would often go on with the performance of their duties when in a condition entirely unfit for it. He began to ail decidedly two months ago. The prominent and only symptom, as he avers, was debility.

The liver was found to be enlarged, occupying, like that of the last patient, the epigastric and right hypochondriac regions. He, like the last case also, has the arcus senilis. He has marked dyspnœa after exercise. His lungs are in good condition.

On examination of the præcordial region, it was found that the area of dullness over the heart was somewhat greater than natural, especially in an upward direction, and over the lower and right portions of the sternum, whilst out toward the left nipple it was scarcely greater than usual. The apex beat was very feeble, so that it could be detected with difficulty a little within and below the left nipple. In the epigastrium, just to the left of the xyphoid cartilage, the impulse was much more distinct, though even here not strong, showing that the right ventricle was acting more vigorously than the left. The sounds of the heart at the left nipple, and over the base, were feebler than natural, and the first shorter and weaker than it ought to be in relation to the second. Last above the ensiform cartilage, and toward the left margin of the sternum, the sounds were louder than elsewhere, and the first sound was decidedly roughened, approaching in character to a rasping murmur. This peculiarity was very marked, and the sound had an unusually superficial character. In carrying the ear upward from this point, toward the base of the heart, this roughened sound was lost. There was no unusual pulsation of the large arteries of the neck, nor of the sub-clavians. The brachial arteries, however, were unusually visible, and more tortuous than natural, and, from their want of elasticity to the touch, were probably atheromatous. There was more fullness of the external jugular veins than usual, and occasionally these vessels presented an appearance of pulsation.

Dr. M. concluded, from these symptoms, that the case was one of dilatation, to a moderate extent, of the heart, and especially of the right cavities; that there was regurgitation through the tricuspid orifice; and, lastly, that the muscular tissue had undergone a partial fatty degeneration. To describe it in fewer words, the case was one of dilated and weakened heart, with well marked traces of valvular disease. The enlargement of the liver was looked upon as the result of chronic engorgement, caused by impediment in the free discharge of blood from

the right to the left side of the heart. It could scarcely be cancerous, from the absence of hardness to the touch, and of the tesselated projections which usually attend cancer of the liver, and from the fact that the functions of the organ, though sluggish, were not seriously impaired.

The treatment of the patient consisted of iron, tincture of nux vomica, strengthening diet, and rest.

This degeneration of the muscular tissue of the heart, Dr. M. observed, was the result of a transformation of the muscular fibre within its sarcolemma, into fatty matter. This change went on until more or less of the entire organ had undergone the degeneration, thus weakening its walls to a greater or less extent. This was the most frequent cause of sudden death from rupture of the organ.

It was doubtful how far treatment might avail in modifying this form of cardiac disease. In the cardiac softening of typhus and typhoid fever, which was at least analogous to fatty degeneration, nature did constantly effect a perfect restoration, and though experience does not warrant us in asserting a positive control over the form of disease before us, it is certain that something may be done to lessen its injurious effects, and perhaps to change the faulty nutrition of the organ. The patient should be directed to avoid all rude and exhausting efforts, but not to neglect slow and cautious exercise, and especially passive exercise. He should adapt his mode of life to his condition, not straining the organ unduly, nor yet sitting down in passive indolence. Nutritious food, the moderate use of alcoholic stimuli, and the exhibition of iron and bitters, constitute the proper indications of treatment.

Tabes Dorsalis—Progress of Case.—This case, whose history was detailed on a previous occasion, (See REPORTER, Sept. —,) was again exhibited to the class. The patient thinks himself somewhat better, but it is doubtful whether he is correct. He had taken for some time a pill composed of

℞. Hydrarg. iodidi, gr. ½.
Ext. hyoscyami, gr. i.

S. Three times a day. M.

This had been lately stopped for fear of salivating the patient, but yesterday had been resumed.

The following had been rubbed on his loins:

℞. Ol. tiglii, f ʒi.
Tr. saponis comp. f ʒi. M.

As before stated, this was a case which Romberg supposes to depend on partial atrophy of the lower portion of the spinal cord. Dr. Bennett, of Edinburgh, would class it as one of chronic myelitis, and he gives a case where recovery took place under the above treatment, which would seem to show that the lesion could not have been atrophy.

The *prognosis* in this case was unfavorable.

JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

OCTOBER 29.

Clinic of Dr Gross.

Polypus of the Rectum.—The patient was a child six years of age. During defecation a polypoid tumor protruded, attached by a narrow pedicle to the mucous membrane. It was vascular and painful. Although Dr. G. had seen a number of cases, it was comparatively a rare disease. The tumors arise just above the verge of the anus, and vary in size from that of a pea to a pullet's egg. Their progress is tardy, and they create a frequent desire to go to stool. There is a discharge of reddened mucus during defecation.

Operation.—The tumor was seized with a vulsellum, and its narrow pedicle ligatured precisely as in a hæmorrhoidal tumor.

Operation—Removal of Tumor.—This was situated on the lateral and posterior portion of the neck. It was movable, and situated immediately under the skin. There was no discoloration of the integuments. It had occupied six years in its growth, and lately had become slightly painful. It was presumed to be a fatty tumor, a hypertrophy of the adipose tissue of the part.

An incision was made over its middle, and the tumor enucleated with some difficulty, owing to the tough adhesions consequent upon its position on the neck. The assistant, Dr. S. W. Gross, was directed to make compression of the vein leading to the subclavian from the posterior part of the tumor, which if divided was liable to the admission of air, an accident that might prove fatal in a few seconds.

The patient should be diligently watched for the occurrence of erysipelas.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by W. B. Atkinson, M. D.]

WEDNESDAY EVENING, OCT 12, 1859.

Dr. Coates presiding.

Subject for Discussion—PATHOLOGY AND TREATMENT OF TUBERCULOSIS.

DR. WOODWARD'S PAPER.

In opening the discussion, Dr. Woodward disclaimed any intention of bringing novel facts or doctrines before the Society. A resumé of the literature of the subject was out of the question in the time allotted, and he proposed, therefore, to limit himself strictly to such introductory remarks as might serve to indicate some of the prominent

points as to which the opinions of investigators were most divided, and thus to pave the way to the subsequent debate.

The first point commented upon was the relation between *Scrofulosis* and *Tuberculosis*. Various distinctions had been attempted even by some modern writers, but the majority of investigators regarded the two conditions as identical, and used the terms synonymously.

Attention was *next* called to the diversities of opinion as to the *anatomical significance* of tubercle. Some looked on it as a pathological *new formation*, others as a pathologieal *transformation*.

By some of those who considered it a new formation, it was thought to be a *heterologous* tissue characterized by a specific element, the *tubercle corpuscle*. By others, the new formation was regarded as *homologous*, and the tubercle corpuscles were believed to be simply aborted nuclei.

The notion that tubercle was merely a pathological transformation of pre-existing textures, had recently been revived by such investigators as Van der Kolk, Virchow and Paget, by whom the tubercle corpuscles were regarded as derived from the multiplication of the nuclei of the pre-existing textures, from those of the epithelium of the air vesicles in the lungs, from those of the cells of the parenchyma in the lymphatic glands, &c.

Differences of opinion also existed as to the peculiar conformation of chest characteristic of the tuberculous tendency. The ordinary idea of a dimi nutive chest, was contrasted with the doctrine of Rokitansky, that tuberculous patients have very voluminous lungs, and that any deficiency in antero posterior diameter in their chests was more than compensated for by the greater length from above downward.

Opinions were also diverse as to the curability of tuberculous disease, especially when its seat was in the lung. In this connection the opinion was expressed that errors were often made by the inexperienced, who mistook various pathological lesions for cicatrices of the lung. A case was given, in illustration, in which a mass of gray tubercle undergoing the degeneration called obolescence, had been supposed by several observers to be a cicatrix. In either case, the cornifying tubercle or the cicatrix would indicate a reparative process, but in the first instance before, in the second after the formation of a cavity. True cicatrices, however, were highly probable, though perhaps rarer than was supposed.

The last anatomical point commented upon was the possible co-existence of tubercle with cancer.

In *illustration* of the differences of opinion existing as to treatment, the diverse notions as to the proper hygienic management was commented upon, and a brief account given of the contradictory views entertained as to the efficacy of alcohol, the hypo-phosphites, cod-liver oil, &c.

The speaker concluded by making a few remarks on the objects and advantages of medical discussions.

DR. COATES, (having called Dr. Nebinger, V. P., to the chair,) said:

He believed that the introduction of this subject by Dr. Woodward was matter of congratulation from its importance and interest. Dr. Woodward, too, had followed the right course in uniting the new with the older records. He reminded his hearers of the time when. in Philadelphia, to believe in the influence of a crasis of the fluids as a cause of disease, was stigmatized as the greatest absurdity, and as implying weakness of understanding. We are now, with Dr. W's. assistance, proceeding to unite the rarest and most elaborate refinements of modern science with this ancient doctrine. He had been led to another remark, one of very great importance, which had been stated with so much candor by the lecturer—that it required much labor and time and many co-operators to make a little solid improvement in this branch of medical science.

As an initiative difficulty, (he remarked he had gained his information principally from Beale and Stanfield Jones;) the great complexity of the matters expectorated; atmospheric dust and articles floating in it; fibres of pine wood, from the floor, had been identified; the particles of metal inhaled by cutlers at Sheffild had a formidable importance; then followed minute portions of food of various kinds, funguses from the great papillæ at the base of the tongue, and from the tartar of the teeth, epithelium scales, etc., etc., etc. It was abundantly evident that to achieve an accurate judgment on these points required extended study and practice, and these were hard to supply by men engaged in the actual service of mankind by practice. This did not diminish the obligation under which we lay to those gentlemen who did prosecute it, for which they were entitled to our warmest thanks.

Before going into the subject, he thought it necessary to obviate a confusion of ideas, not uncommon among us. The tuberculous crasis temperament was often confounded with the temperament of weak lungs. So predominant in importance was the presence of tubercles in the lungs, that this oversight was excusable. He would define the temperament of weak lungs as indicating an imperfect proportional development of these organs, and as indicated by a slender, lanky, tall form, excessive rapidity of growth in height, thinness, a long neck, the absence of the usual conical aspect of the thorax, long, thin fingers, with clubbed extremities, etc. The other unhappily familiar characters the tubercular temperament—by bulky cellular membrane, absorbents and glands, smaller heart and arteries

and muscular frame, thinner transparent chorium of the skin, showing the red vessels more conspicuously, it was said a thick upper lip, a protrusive and bulky abdomen, light complexion, eyes, hair, etc., are, in in some important points of appearance, the reverse of the former. The conical form of the chest was liable to a deception. It was caused by the size of the muscles and bones of the shoulders, while the real conicity of the cavity of the thorax was in the opposite direction, and widest at the bottom.

With regard to the question whether tubercles were formed of a structure essentially different from the elements of other parts of the body, he spoke with diffidence, as not being in the habit of using the microscope; but he thought it had been proved very fairly by Müller, twelve or fifteen years ago, that neither tubercle, nor even cancer, was formed of any essentially distinct cells or other elementary parts not found in the healthy body. He was, therefore, a homologist, convinced by this observer; he yet begged to ask of the lecturer the state of microscopic opinion on this very curious point.

He deemed tubercle an unorganized deposit, and totally devoid, in itself of any structure, even the cellular. The evidence presented appeared to him to demonstrate this: not to lean upon the quoted and so highly and justly reverenced authority of Rokitansky. The tubercular molecules were not cells of any kind, but irregular masses of coherent granules, without coating or regular form.

While on the subject he would ask whether tubercles were not found in the bronchial glands. This question had arisen in a case of some importance. Dr. C. had found the joint of the first and second bones of the sternum projecting almost sufficiently to form a right angle, and the adjacent parts of the sternum to present a perfectly flat sound on percussion; a phenomena which he had never witnessed in any other case, and the nearest approach to which, in his experience, had been from large aneurism. The patient was an iron master, and exposed to the fumes of the roasted ore. This is said sometimes to contain arsenic. The swelling had been known for only five or six weeks, and a frightful loss of flesh had taken place. Dr. C. had decided on the presence of a tumor in the bronchial glands, and thought it was most probably tubercular. A friend in consultation decided the presumption to be in favor of cancer. It ultimately appeared to be soft cancer; from the frightful rapidity with which it grew, penetrating lungs and liver, and protruding at the right side in about two months and a half, when death took place. There was no dissection.

In this case the belief was expressed that tubercles of these glands had never been observed in adults; while Dr. C. thought they had, but has been unable since to find a plate or other authority for this occurrence.

Concerning exercise, he had a fixed opinion. It is rare not to have other secondary and inflammatory diseases along with tuberculosis of the lungs. Hence violent exercise would be decidedly disadvantageous.

In cases where there was an imperfect closure of the foramen ovale, it had been alleged, on the authority of Rokitansky, that tuberculosis was decidedly less frequent. In this and other ways, it was stated, as the opinion of that authority, that to have a portion of venous blood in the arteries appeared to act as a preventive against the disease. This confirms the opinion that we should oppose too free exercise, as the blood will be, by its use, too much oxygenized. Those patients whose occupations cause them to use exercise vehemently are not found to prosper so much as those who make less exertion, though still using motion and frequenting the open air. Members will recollect the great praise given by Sydenham to riding on horse-back in consumption, and his expression that he hoped the day would come when the disease would be as regularly cured by that remedy as intermittent fever by bark. Dr. C. had seen a physician, on a cold, wintry and rainy day, out before day break to attend an obstetric case, though at that time suffering under tubercular consumption, and evidently near his end. He had the idea that, by thus "roughing it," he stood a better chance of recovery. He died in a short time after. Again, Dr. C. attended a case for the late Dr. Randolph, a man sinking fast with consumption, who repeatedly took carriage drives, sometimes of eight miles, with this extravagant notion of "roughing it." The exhaustion after each of these exertions was excessive, the patient being scarcely able to speak or lift his hand. The end may easily be predicted; it was about three weeks distant.

On another point, Dr. Coates believed that there was a change of opinion among our chemical pathologists. About fifteen years ago, it was common to read that tubercular matter was albuminous; and philosophers, as Canstatt, considered this a less developed stage of animal matter than that which contained more fibrine. Now, he finds Rokitansky quoted as believing that they contain an excessive share of fibrine.

This proposition is one of considerable importance. If tubercle be a less developed state of matter, it is an argument in favor of accelerating the action of oxygen on the blood, to promote its further changes; and if the morbid matter contain too much highly developed matter, it is to be inferred that we should moderate the same process. It is uniting the theory regarding venous blood, and alleged fibrinous and higher development of tubercle, as cited from Professor Rokitansky, with older science—to refer to the alleged temporary successes of Beddoes, in causing patients to inhale

air containing a larger share of carbonic acid than the atmosphere possesses, so as to retard the wasting of the body. This view is also strongly favored by the alleged benefit derived from living over cow-stables. The "sweet breath of the cows," as it is poetically called, furnished an additional supply of carbonic acid; while ammonia, though present, is not produced in the large quantities which occcur in horse-stables. The usefulness of animal oils, given to consume a large part of the oxygen of respiration, is another confirmation; the intention being to prevent the nitrogenous matter from being decomposed too rapidly.

Alcohol he was opposed to, when avoidable, on account of the almost universal injury done by it; but he would not assume the responsibility of saying that it might not be made of use. In opposition to its employment, however, he related that he had seen, in a large hospital experience, bad effects resulting where the "brown mixture," compounded with vinum antimonii, mucilages and an opiate, was rendered very decidedly less useful to consumptive patients, when the tinct. opii had been replaced, for convenience, by tinct. opii camphoratâ. This had been done by apothecaries, for the convenience of keeping a large quantity made at once; the larger proportion of alcohol preventing fermentation. Dr. Coates believed that the alcohol of this, and perhaps the camphor and benzoin, were very materially injurious to the bronchitis and other acute inflammatory affections which occur in advanced consumption. The bronchitis, as is well known, is acute during a great part of the time; and it is often the immediate cause of death.

It had been said that there were no diseases for which there were so many certain cures announced as for those which were incurable. This is very strongly exemplified in consumption. As a lively example of this, John Wesley, the founder of the Methodist body, in a little work entitled "Primitive Physick," in which he denounces the claims of medicine to benefit from various sciences, as an imposture, and reduces it altogether to the simple aphorisms that "such a medicine cures such a disease," gives a very large number of cures and certain cures for consumption; to many of which he appends the epithet "tried," meaning by himself or by friends in whom he could repose confidence. Among these, one was, to rise early every morning, turn up a sod of grass with the spade, and inhale the air within the cavity, for several minutes; all before breakfast. Another was to swallow an ounce of quicksilver every morning, fasting.

The treatment of consumption is, in fact, a mixed question. So much depends upon the preservation of the strength, and of the power of digestion, and upon the avoidance and palliation of intercurrent diseases, that, very commonly, the cases which these objects require are of more consequence than the use of any single medicine, or even systematic combination of them.

DR. CONDIE remarked, that for several years past he had studied with some considerable degree of care the subject of tuberculosis. Notwithstanding all that has been written in respect to the causation, nature, and treatment of the disease; the clinical observations that have been recorded to throw light upon its history and diagnosis, and the large amount of facts that have been contributed in illustration of its pathological anatomy,—the subject is one of which it is still strictly true that we are in possession of but very little positive knowledge.

It is only of late years that any successful attempt has been made to study tuberculosis by itself—independently, as far as it can be, from the intercurrent and accidental lesions and morbid phenomena with which it is most commonly associated.

Pulmonary consumption as it presents itself in daily practice is too often taken as the type of simple tuberculosis. Little, if any care being taken to distinguish what, in each case, is actually due to the deposition of tubercular matter alone, from that which is the result of an accidental phlegmasia of the respiratory mucous membrane or of the substance of the lungs, or of both morbid conditions combined.

Dr. C. stated, that his study of tuberculosis had not been confined simply to an analysis and colation of the facts recorded by the leading writers on the disease, combined with careful and repeated clinical observations, cautious post mortem examinations, with the naked eye, of tuberculosed tissues, but, he had also endeavored to detect, by the aid of the microscope, the nature of the tuberculous deposit, and the pathological relations existing between it and the tissues with which it is in contact. Upon his microscopical labors Dr. C. would place, however, very limited importance. To obtain accurate results from microscopical investigations requires greater skill and larger opportunities for their prosecution than he could well lay claim to. The conclusions which he had arrived at from his own microscopical observations compared with those of others, are, first, that scrofulosis and tuberculosis are identical in their nature, the difference between the local and general symptoms presented in the two, resulting altogether from the difference in the physiological importance, the anatomical structure, and the location of the parts in which the disease is seated. And, secondly, that tuberculosis is the result of a vice of nutrition and probably of a morbid condition of the blood crasis. There being, in consequence, a formation of cells so deficient in vitality as to be incapable of undergoing the regular

development and changes necessary for the normal growth and renewal of the tissues. Tubercular matter has always presented to Dr. C., previously, at least to its having undergone any decided softening, the appearance of an amorphous granular mass, intermixed with aborted cells, in different stages of development, with more or less earthy matter, and fragments of apparently the broken up tissues of the organ in which the tuberculization has occurred.

It was hardly necessary, Dr. C. remarked, nor would the time at his disposal on that occasion, permit him to enter into an exposition of the reasons that had induced him to reject the view which includes tuberculous depositions among the heterologous morbid formations.

Upon the causes productive of the defective nutrition and abnormal condition of the blood upon which it is presumed that the formation of tubercles depend, Dr. C. would say a word or two. Upon the etiology of tuberculosis, the gentleman who opened the discussion, did not touch in the very admirable sketch he had presented to us of some of the leading points connected with the pathology of the disease. It is a subject, however, which Dr. C. held to be of equal importance with the histological and microscopical investigation of tubercle, as a foundation for a correct and certain prophylaxis and treatment. Like everything else, however, connected with the subject of tuberculosis, it has, until very lately, been involved in the deepest obscurity, and opinions the most opposite to those which recent investigations have shown to bear the nearest likeness to truth, have been entertained and confidently taught in respect to it.

Tuberculosis is found to be confined to no age, sex, or condition in life; and to pervade alike all countries, under every variety of climate. By recent statistics, it has been shown, however, that one form of tubercular disease—that of the lungs—is of much more rare occurrence in a cold, dry, equable climate, than in any other; that consumption is scarcely known among the permanent inhabitants of such climate, while even those strongly predisposed to the disease are said to have their predisposition eradicated by a residence within it.

The more immediate causes of tuberculosis would seem to be the slow and continued action upon the system of circumstances and conditions which are calculated to disturb digestion, impair hæmatosis, and impair the nutritive functions generally: such as a diet deficient in quantity or in its nutritive properties; sedentary occupations, carried on in damp, chilly rooms, or in over-heated, illy-ventilated and crowded apartments; want of sufficient sleep; exclusion from the light of the sun; the depressing passions and emotions. It has been objected to the foregoing list of causes, that the younger members—especially the females—of the more opulent and "well to do" classes of the community are well known to be among the most frequent of the victims of pulmonary tuberculosis. But it has been said by a witty writer, and without much exaggeration, that were a careful comparison to be made of the pursuits, manner of living, and actual comforts of the fashionable young lady and gentleman and the poor seamstress and tailor and shoemaker, there would be found a closer affinity between them than many would suspect: the privations which the latter are forced by necessity to endure, in respect to sufficient clothing, pure air, solar light, food, sleep, cheerfulness, exercise, etc., being voluntarily encountered by the former as the necessary concomitants of elegance and fashion.

The increased prevalence of tubercular diseases has, in this country, at least, kept pace with the increase of wealth and of luxurious living—with the increase of civilization, in the popular sense of the term. It is a notorious fact, that formerly these diseases were of rare occurrence, even in our large cities, and almost unknown among our rural and agricultural populations; but now they prevail to a fearful extent everywhere—even in the families of our rich farmers, where the worst features of the fashionable and luxurious habits of the opulent citizen are, in these modern times, constantly aped.

Among all these causes, it has appeared to Dr. C. that the one most essential to the development of tuberculosis is the want of sufficient and regular muscular exercise, and the consequent sluggish movement of the blood through the vessels—the deficient hæmatosis, and the slow and imperfect metamorphosis of all the tissues. It is unquestionable, he remarked, that of all classes, those among which are found to occur the greatest number of victims to tuberculosis, are the sedentary, the indolent, the eminently luxurious; while those classes in which tuberculosis the least frequently occurs, are those, the members of which are engaged daily in such active occupations as call into full and equal play the whole of their voluntary muscles.

It is proper to remark, that an individual may be exposed, and almost continually, to all of the causes enumerated above as those productive of tuberculosis, and which they do unquestionably prove to be, in perhaps the majority of instances, and nevertheless the individual thus exposed may remain throughout life without the deposition of a single tubercle in any organ or tissue of his body. We are led, therefore, to the conclusion that there is a peculiar condition or dyscrasy of system possessed by certain individuals, that renders them predisposed to tuberculosis under the influence of morbific causes, which, without the existence of such predisposition,

would not give rise to any affection of a tubercular character. In what this dyscrasy or predisposition consists, it is very difficult, if not impossible, in the present state of our knowledge, accurately to define, nor is it always easy to describe the signs by which it is indicated. Most commonly, it is true, the individual in whom it exists presents all those features which have been so often and so graphically described as indicative of the strumous or scrofulous diathesis. In numerous cases, however, such is not the case. Individuals apparently of well developed frames, and of healthy and even robust constitutions, have, after the occurrence of what they persist in viewing as a trifling cold, been hurried to their graves by pulmonary tuberculization, a predisposition to which, even, had not been suspected.

Though, in perhaps the majority of instances of tuberculosis, the predisposition to the disease is, unquestionably, congenital, it is nevertheless true that it may be developed in those in whom no such predisposition can be detected. Two striking cases of tubercular consumption have fallen under his notice, both of which occurred in families where, for several generations back, it was well known that no member of them had been affected with any form of tubercular disease; and during the period which had elapsed since the demise of the two consumptives—in one of the cases twenty-five, and in the other upwards of twenty-seven years—among the several deaths that have occurred in these families, not one has been attributable to tubercle.

It is generally stated that workers in woolen factories, the filers and dry grinders of metals, the cutters and carvers in stone, are classes eminently predisposed to tubercular disease. There can be no doubt that these several occupations, and a variety of others, which expose those engaged in them to the constant inhalation of an atmosphere loaded with fine particles of various kinds, act most injuriously upon the respiratory organs, especially in such as are predisposed to pulmonary tuberculosis. It is a well known fact, however, that many who engage in certain of the occupations alluded to, suffer from cough, difficulty of respiration, expectoration, local irritation of the lungs, and the general symptoms of phthisis, without these symptoms being dependent upon the deposit of tubercle in the lungs or any other organ or tissue of the body; the whole of the mischief, in these cases, being due to the retention in the air cells or minute bronchial ramifications of the lungs, of minute particles of cotton, wool, metal or stone, which act there as constant promoters of irritation.

In the study of tuberculosis, the fact is too apt to be overlooked, that the cases which usually present themselves of the presence of tubercles in one or other of the tissues or organs, instead of being simple cases of tuberculosis, are rather cases of tubercular deposit complicated with certain other morbid states, which, though they may be essentially modified by the tuberculous condition of the patient, have no direct relation to that condition, either as cause or effect. Tubercle may be deposited to a considerable extent without the production at first of any very decided general symptoms of disease, and with much less disturbance of the organ in which they are seated than would be supposed possible. In one of the lungs there may be deposited a considerable mass of tuberculous matter, which may proceed slowly on to complete softening without the occurrence of any symptoms to excite serious alarm in the patient or his friends. It is in these uncomplicated cases of pulmonary tuberculosis, Dr. C. was persuaded, that most frequently takes place an arrest, for a time at least, of the lung affection, from the contents of the vomica, formed by the softening of the tuberculous matter deposited in the lungs, being discharged externally, through an opening formed between the cavity of the vomica and one of the bronchial tubes.

The leading symptoms described in the books as those proper to tuberculous disease of certain tissues and organs, are the result rather of some intercurrent phlegmasia. Thus the major portion of those cases of pulmonary disease which occur in this climate, and are described as tubercular phthisis, are cases not of simple tuberculosis of the lungs, but of bronchitis or pneumonia occurring in patients in whose lungs a deposit of tubercular matter has taken place, they are, strictly speaking, phlegmasiæ of the lungs complicated with and modified by the presence of tubercles. And, if it be proper, as Dr. C., supposed no one would deny, to denominate the subacute inflammation which takes place in the meninges of the brain, or in the serous membranes of the thorax and abdomen, in conjunction with tuberculosis of these parts, tubercular meningitis, or pleuritis, or peritonitis, as the case may be, it would seem to him to be equally proper to denominate the inflammatory affections of the mucous membrane of the respiratory tubes or of the substance of the lungs when complicated with the presence of tubercles, tubercular bronchitis or pneumonia, such terminology would, at least, indicate with greater precision the true nature of the disease than that now in use.

(To be continued.)

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Dr. Bartolomeo Gualla, one of the principal surgeons of Brescia, has published an official statement in an Italian medical journal, which states that the loss of the Allies at Solferino instead of being 21,000 in killed and wounded, as the French officers report, was near 45,000. At Brescia alone, 32,000 wounded entered the hospitals.

EDITORIAL DEPARTMENT.

Periscope.

By L. Elsberg, M. D., of New York.

On the Causes of Pericarditis —It is now well known, that pericarditis is almost always a secondary disease; but much difference of opinion still exists as to what is its frequent antecedent. Prof. Duchek, in a communication to the *Wiener Med. Wochenschrift*, 15, 16, 1859, ably accounts for this difference, and submits accurate statistics from his own observation, according to which pleuritis is the most frequent cause, (51.16 percentage;) pneumonia, generally, however, combined with pleurisy, the next in frequency, (41.86 percentage,) and disease of endocardium, cardium itself, or aorta the next, (34.4 per c.). Then comes acute articular rheumatism, (18 per cent.;) Bright's disease, (14.3 per cent.;) and pulmonary catarrh, (13.3 per cent.) Of less frequent antecedents, pyæmia is mentioned to have caused 1.8 per cent.; scarlatina, 0.9 per cent., (probably by means of Bright's disease). As reason of the heretofore believed greatest frequency of rheumatism as the cause of pericarditis, Prof. D. assigns the not always accurate observations during life, on which the diagnosis is most frequently based, and the freedom in employing the term "rheumatism." That so many exaggerate the frequency of Bright's disease as a cause of pericarditis is owing, according to Prof. D., partly to the frequent diagnosing of Morb. Brightii when it does exist, and partly to the frequent not recognising of co-existing cardiac difficulty, which so often is the primary disease.

On the Diagnosis of Organic Affections of the Brain, Dr. Fahrner of Zurich, (*Virchow's Archiv.* XVI, p. 307, 1859,) gives, among others, the following hints: Affections of peripheric nerves very frequently lead to mistakes. This illustrated by the narration of numerous interesting cases of paralysis and disordered sensation, caused, in two instances, by luxation of the head of the radius—in one by an inflammatory swelling in the course of the ulnar nerve; in another, by an exudation into the axilla pressing on the nerves of the arm; in another, by a tumour, at first concealed, but becoming visible in its growth beneath the clavicle, and yet another instance—the patient being a hysterical girl—by an ovarian tumour, with reflex action on the nerves of the thigh. After detailing and commenting on these cases, Dr. F. gives the advice, that, we think, cannot be too much impressed, *most carefully to examine all the accessible parts, from the affected periphery to the nervous centre, and especially to trace the anatomical relation of the distant parts affected.*

How difficult differential diagnosis sometimes must be, is shown by the report of a case which had presented the complete assemblage of symptoms of apoplexy, while the post-mortem examination revealed extensive inflammation of the brain, characterized by very slight discoloration. Most favorable for diagnosis are those cases in which the symptoms appear separately, or are individualized, so that the principles of anatomy and physiology, those two bases for all correct diagnosis, can be properly applied to determine the condition.

Of symptoms, paralyses are most valuable. When partial paralysis exists, with strikingly disordered, general or special, sensation, or with violent persistent headache, we may be pretty sure of an affected brain. Sudden, extensive, complete paralysis is always fatal; ptosis, great mydriosis, and paralysis of the urinary bladder almost always so. Headache, with indications of paralysis, and fever towards evening makes the existence of an affection of the brain probable. It must be remembered, however, that blowing respiration, indicating paralysis of the buccinator, occurs not seldom in healthy old persons, who have lost their teeth. Not to mistake inflammation and effusion of blood, which, in some cases, are so difficult to distinguish, it is prudent not to diagnosticate apoplexy before the 40th year, unless extensively atheromatous arteries, or considerably diseased heart are present. Tuberculosis points to inflammation—the inflammation of the brain co-existing with tuberculosis has, however, no distinguishing characteristics.

Dr. F. then discusses the liability to confound with diseases of the brain, acute exanthemata during the first stage, typhus fever, Bright's disease and endocarditis, and sudden and extensive hysteria; concluding with the advice, *not* to hold to the principles advocated by many, to consider no disease an organic one of the brain, which might possibly be interpreted as belonging to the neuroses.

In England, from 1845 to 1857—both included—thirteen years, 7,312,287 children were born in wedlock, and 520,704 out of wedlock.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 12, 1859.

REMOVAL.

In order to accommodate the rapidly increasing business of the REPORTER, and relieve the editors of much labor in connection with the publishing department of the work, we have found it necessary to take an office, where the business affairs of the work will be attended to by a competent person, whose whole time will be devoted to it.

This office has been located at *No.* 108 *South Eighth street, a few doors below Chestnut street,* in a part of the city that will be easy of access to both our city and country subscribers and friends.

The editors will always be glad to receive calls from the patrons of the work at their offices, which are very easily reached, with little loss of time.

KAPPA-LAMBDA SOCIETIES.

"Angels and ministers of grace defend us!
Be thou a spirit of health, or goblin damn'd;
Bring with thee airs from heaven, or blasts from hell;
Be thy intents wicked or charitable—
Thou com'st in such a questionable shape,
That I will speak to thee."

A respected correspondent, in another column, enlightens us as to the origin, objects and aims of Kappa-Lambda societies. It will be seen that he comments with force and justice on a letter from Brooklyn, which was published in our issue of the 29th ult., entitled "Kappa-Lambdaism and the Long Island College Hospital." It will also be observed that we do not escape his strictures for admitting into our pages a communication containing such serious charges against, and denunciations of members of the medical profession as that does, without offering anything by which those charges may be substantiated.

In admitting the justice of the criticism on our course, we can only say in extenuation—1st. That we were, very naturally, ignorant of the history and aims of Kappa-Lambda societies, and had, for the time being, lost sight of the origin of the raid against them. 2d. That we have never been admirers of secret associations of any kind; and 3d. That in the haste of making up our number from a mass of communications and other material, the letter from Brooklyn was hastily glanced over, and its full import not wholly appreciated, until it was in type. We would then have suppressed it, but for the fact that it would have caused considerable delay in the issue of that number. The redeeming features in the case are, that we have learned something in regard to this association in New York, and called forth a very interesting historical notice of the Kappa-Lambda society that formerly existed in this city.

The first that we ever heard of Kappa-Lambdaism was, we believe, through the columns of the *New York Medical Gazette,* whose editor, having failed to attain the position to which he aspired in the profession of that city, seemed to attribute to personal enmity and spite on the part of others—as is often done in such circumstances—the failures that were due to his own imbecility. Very opportunely, hearing of the existence of a secret association to which some of the members of the profession in New York belonged, and knowing that, in the nature of things, charges made against a secret organization could not be publicly met, he has made this society responsible, not only for his own failures, but for many other misdemeanors of which it is not, and could not be guilty. We are sorry that our Brooklyn correspondent has been misled by these vagaries of the disappointed *Gazette.*

A correspondent in New York, who never belonged to the Kappa-Lambda Society informs us that every intelligent member of the profession in that city laughs at the idea that this Society exerts any controlling influence in its Hospital and College appointments, and certainly, the entertaining history of the kindred society of this city, published in this number, leaves no room to suppose that such could be the case. He informs us that the editor of the *Gazette* has named persons as belonging to that Society who were never connected with it, simply, we suppose, because he fancied that they were inimical to his advancement. This will probably account for the studied persecution in the columns of the *Gazette* of certain members of the profession of the highest standing in New York and elsewhere. Such conduct

not only deserves the severest reprehension, but should attract the notice of the American Medical Association, and we think that body would do the profession of the country a good service if it would deprive of membership one who in this and other ways has proved himself so unworthy of its honors.

MEDICAL SOCIETY REPORTS.

We have, of late, yielded an undue proportion of our space to Medical Society reports, partly for the reason that some unusually interesting subjects have recently been before the profession for discussion. While it is not our desire or intention to discontinue publishing these interesting and useful debates, we must curtail them within the smallest limits necessary to present the views of those who take part in them.

There are now many more reports awaiting publication than we can accommodate, though others might obtain insertion if there was more pains taken to *condense* the debates. Very interesting matter could also be easily obtained from other important medical bodies, if we could find space for it. These reports, however, valuable, as they are, cannot occupy an undue space in our columns.

MORAL INSANITY.

The *American Medical Gazette* for November, has an article on Moral Insanity, a belief in which, so generally entertained by the best writers and most experienced observers on the subject, it characterises as a "silly conceit." This trenchant fashion of argument is quite common with the *Gazette*, as a substitute for calm reasoning on the facts of the case. Curiously enough, and one to be added to the numerous instances of the vagaries of the human mind, the very number of that journal, in which arguments against the opinion of there being any such mental aberration as moral insanity are urged by Dr. Ferguson, exhibits the strongest proof of its editor being himself a sufferer from the disease. How far this is of a chronic nature we do not now pretend to say, although it would not be difficult to present it in this light. We shall only touch on the recent paroxysm, and proceed at once to the evidence.

The November number of the *American Medical Gazette* consists of sixty-seven pages, not counting advertisements. Of these, forty-two pages, or nearly two-thirds of the entire contents of the number, are filled with "Reports" of discussions on Yellow Fever and Quarantine in the New York Academy of Medicine, and the Philadelphia County Medical Society. The appreciative heading: "Important Discussions on Yellow Fever and Quarantine before the Medical Societies in Philadelphia and New York," and the reports which follow, were taken entire from the MEDICAL AND SURGICAL REPORTER—direct credit being given in the case of the discussions in the Academy of Medicine, and an acknowledgment made editorially in regard to those which took place in the Philadelphia County Medical Society. The debates at Philadelphia are represented by the *Gazette* to be "full of instruction for the younger physicians, who will especially find in the speech of Dr. Condie a lucid and reliable exposition of the whole subject, though all the speakers are enlightened and able men, and the mooted questions in this regard are here discussed by acknowledged experts." Speaking of the "very full abstract of the discussion at the New York Academy of Medicine by the phonographic reporter of that journal"—THE MEDICAL AND SURGICAL REPORTER—the *Gazette* says: "This latter report was thus published within forty-eight hours after it took place in New York—a very creditable feat in journalism." The editor's opinion of the accuracy of our report may be inferred from his remark "our own [Dr. Reese's] paper on the subject was in type before the REPORTER reached us, else we should have been content with the abstract there given."

So full an acknowledgment of the substantial value of the large amount of matter thus freely borrowed, and in which he himself is reported to his entire satisfaction, would naturally have prompted the editor of the *Medical*

Gazette to refer, if he were to speak of them at all, in terms of comity, if not of praise, to those who supplied him with the matter for two-thirds of his monthly issue. When we say "naturally," we must be understood to mean that such would be the conduct of a man whose moral sense had not been perverted. Our readers may imagine our surprise, therefore, when they are told that the very next article to that in which the above extracts occur, is devoted to vulgar personal abuse of the senior editor of the REPORTER chiefly in connection with the department for the Insane of the Philadelphia Almshouse, of which he has been appointed the medical superintendent. Some weeks have elapsed since his appointment, and it has been chronicled in different journals; but notwithstanding this, the new officer is represented to be "seeking a place in the mad-house of incurables, which is an insignificant concern for pauper lunatics in an outhouse of the Almshouse, which the New Medical Board would have nothing to do with, and which has always been cared for by boys and old nurses." What shall we say of the regard for truth of a writer who would make the medical public believe that an outhouse is all the room appropriated to 450 poor persons on an average, suffering under the varieties of insanity in their different stages? What of his humanity in impliedly telling us that these unfortunates are not entitled to better caretakers than "boys and old nurses?" Here we may be allowed to say that the proper authorities of Philadelphia have given the medical superintendent an opportunity of bringing order out of chaos, and of placing these inmates of the almshouse on such a footing as shall exempt it from the ignorant and malicious gibes of strangers, whether they call themselves physicians or not.

To the credit of human nature, a man is seldom met with, who, at the very time of his borrowing largely from another that of which he stands so much in need, will so far forget, not only the obligations of gratitude but the commonest observance of social ethics, as to pour out a volley of abuse against the donor, and decry the soundness of the bank in the notes of which the loan was obtained. Can we, in common charity, suppose a person to behave in this extraordinary and unnatural manner, without his laboring under moral insanity? It is only by his friends urging a plea of this nature that the editor of the *Medical Gazette* can hope to escape the contempt and scorn of all right-minded men. Further mitigation of punishment in this case may be pleaded by the additional consideration that the intellect is disordered as well as the moral sense, else why the strange contradiction of a virtual acknowledgment of the strength of the REPORTER in his borrowing so largely from its stores, and a virtual admission of its activity in his designating the prompt publication of the debates in the New York Academy of Medicine as "a very creditable feat in journalism;" and yet, in the very next page, he terminates his vituperation on the senior editor by the assertion that his journal "seems to be on its last legs," and the prediction "that it will soon be defunct." All this reminds us of what has been said of the olden philosophy, as being "for the most part that of *notion* and *dispute* which still runs round in a labyrinth of talk, but advanceth nothing."

We should not have touched on the vagaries of the *Medical Gazette* so far as relates to matters personal to the one or the other editor of the REPORTER, but that they constitute a psycychological curiosity which may not be without interest to our readers. Were we to imitate our erratic cotemporary, and speak of his journal as an existing embodiment, we should be obliged to express our fears that it cannot survive the throes and spasms and violent contortions to which it has been so often subjected, and which are the more remarkable under the motley garb and the merry Andrew's parti-colored suit which it studiously affects. But we prefer throwing over it the mantle of charity, and refrain from retorts well merited as they would be from our pen.

Sydenham, says, in his dedication to the King: "Sire, a good physician is greater than thou art—proximus est Deo."

Correspondence.

KAPPA LAMBDA SOCIETIES.

Philadelphia, Nov. 3d, 1859.

One is at a loss, after reading the anonymous letter from the Brooklyn correspondent of the MEDICAL AND SURGICAL REPORTER, to know what was his aim in inditing such an article. Wrong doing is not rebuked by charges made in the shape of denunciations, without specification or point,—nor can the splenetic effusions of an accuser be received as any evidence of the guilt of the accused. Sound journalism must set itself against this irregular and passionate mode of treating grave subjects, and of commenting on the conduct of men whose age, professional and social position and attainments entitle them to be treated with at least a show of ordinary courtesy.

Accusations of so damaging a nature, and clothed in such harsh language, as those advanced by the Brooklyn writer, ought to have been sustained by strong proofs, derived from the names of the misdoers, or rather criminals, as they are represented to be, and details of the steps by which they carried out their purposes. After having drawn largely on his stock of objurgations, he seemed to feel that explanations might be asked for, and he very naively adds: "But you will be anxious to know the names of the crafty undertakers. I hardly think it would be wise to give them notoriety beyond our city limits." We would ask, where is the wisdom of dealing in wholesale denunciations, and spreading them beyond "city limits," without a single accompanying fact to give them the slightest weight, or, still more, to secure credence? Wherein is the profession benefited by such railing? It is certainly no part of the course marked out for themselves by the editors of the REPORTER, to excite or encourage a feeling of prejudice against legitimate medical associations of New York, in the minds of the physicians of Philadelphia. Medical brotherhood ought to be something more than a name.

But, obnoxious as is the article emanating from Brooklyn, on the score alike of bad ethics and of bad logic, we should not have noticed it but for its furnishing an occasion to give a slight retrospective sketch of the Kappa Lambda Society of Philadelphia. It will be new to most of the readers of the REPORTER, and probably not without interest to the profession at large, in the history of which it cannot well fail to find a place. Not having the minutes of the proceedings and transactions of the Society before him, the writer of this communication is unable to give the precise date of its origin; but this may be stated to have been about thirty-six years ago. The Society was founded by Dr. Samuel Brown, then Professor of the Practice of Medicine in the University of Transylvania, who on a visit to Philadelphia initiated four physicians, viz: Drs. Samuel Jackson, C. D. Meigs, Thomas Harris, and R. La Roche, into the plan which he proposed for future action.[1] Its objects were, to cultivate a kind feeling among its members, and, as far as its influence might extend, a similar feeling in the ranks of the entire profession, and to incite to emulous efforts for promoting and diffusing medical knowledge. A unanimous vote in favor of a candidate was required to secure his election; and before being received into full membership, he solemnly pledged himself to abide by the rules for his future deportment in professional life, which were read to him by the presiding officer, and which were nearly the same as those contained in the celebrated oath of Hippocrates.

Among the obligations under which the new member placed himself, was to make all honorable efforts to promote the welfare, of not only his associates of the Kappa Lambda Society, but also of his professional brethren who were not members. For their guidance in intercourse with the sick and the friends of the sick, and with each other, that part of Percival's Medical Ethics relating to these subjects, was printed and adopted as their code by the members of the Society. Papers were read and their contents discussed at the regular meeting. Some of them are still in the archives of the Society. Among these the writer remembers a discourse on Hippocrates, and a biographical notice of Dr. John Whilldin, a young man of great promise, by Dr. La Roche. Before long the Society included in its ranks not less than from sixty to seventy medical practitioners in the city and its vicinity, who had been elected quite irrespective of family, or of wealth, or of adventitious social position. In order to carry out more effectually a part of the original design for the promotion of the science and the practice of medicine, a periodical was established by the Society, under the title of the "North American Medical and Surgical Journal," with an editorial corps consisting of five members, viz: Drs. Hugh L. Hodge, Franklin Bache, Chas. D. Meigs, B. H. Coates, and R. La Roche. To these were added, after four years of the life of the Journal, Drs. George B. Wood, D. F. Condie and John Bell. The following language held by the editors in the preface to the ninth volume of this work, conveys no exaggerated idea of the results of their labors up to that time. "The impetus given to the progress and diffusion of periodical medical literature has been, if not mainly their work, at least in no small

[1] We would refer the reader for an interesting notice of the origin and aims of this Society, to the very instructive Address of Dr. La Roche, before the Medical Society of the State of Pennsylvania. 1857: pp. 10—12.

degree owing to their efforts. A comparison of the notices of American medicine in foreign journals, and of the number and variety of the selections from these latter in American journals, during the periods before and since the establishment of this work, will, it is believed on sufficient evidence, fully corroborate the justness of such a claim." For the first time, a regular system of exchange was begun between an American medical journal and the medical periodicals of Great Britain, and continental Europe, in the case of the Kappa Lambda Journal. Its publication extended over a period of six years, or from January, 1826, to October, 1832: it was issued quarterly, and in its entireness made twelve volumes. The "Philadelphia Medical and Physical Journal," begun and continued for some years under the editorship of Dr. Chapman, with whom were afterwards associated Drs. Godman and Dewees, was brought out in 1827, under the title of the "American Journal of the Medical Sciences," with new features, after the model of the North American Medical and Surgical Journal. Dr. Hays, its judicious editor, from that time to the present, was a member of the Society, and had been placed on one of the committees which were appointed to prepare materials in the different branches of medicine for the Journal. Dr. Warrington, one of the editors of the "Medical Recorder," at this time, was also a member of the Society, as was Dr. B. Rush Rhees, one of the original faculty of Jefferson Medical College. The last named gentleman died in early life. Dr. R. E. Griffith, for a while a Professor in the University of Maryland, and also in the Virginia University, and translator and editor of different medical works, was on the Kappa Lambda roll.

We have to regret that we are unable to consult this document, and introduce the names of other men of mark and worth in the annals of Philadelphia medicine. We call to mind at the moment Dr. Thomas Harris, who, although still living among us, ended his professional career on resigning the office of Chief of the Medical Bureau at Washington; and Dr. G. Emerson, but recently President of the Philadelphia County Medical Society, and well known for his valuable contributions to medical statistics. Among the leading and honored practitioners of that time, who were members of the Kappa-Lambda Society, figured Drs. Hewson, Otto, Hartshorne, E. Griffith, Neill, Randolph, Emlen, and John W. Moore. To these should be added the names of our esteemed contemporaries Drs. William Darrach, R. M. Huston, Wm. D. Brinckle, and that classical scholar, the translator of Lucretius, Dr. Snowden. Uppermost in our memory, but not knowing the precise point for introducing him in this connection, was our gifted and ever engaging friend Dr. John K. Mitchell. This gentleman was the immediate introducer of the writer of this sketch to the society, which delegated to him the task of preparing its constitution. Dr. W. E. Horner, after a time, and we believe Dr. Wm. P. Dewees, became members.

Looking at the names of the editorial corps and of the other members of the Kappa-Lambda Society just now given, and aware as all are of their subsequent, and, for most of them, successful striving after fame and honors, it is needless to say that no exclusive spirit or cliqueism, could be enlisted to foster individual claims, since these were often divergent from, if not in rival opposition to each other. But Kappa-Lambdaism showed itself in its true and legitimate functions, by preventing antagonism of opinion from degenerating into rancorous dispute, and rivalry from running into hostility, either between two members of the Society, or between the affiliated and those who had no connection with it. A fresher and a healthier tone of discussion was adopted, and conformity to a higher standard of medical ethics yielded than had been previously thought practicable. If, at times, the serenity of the medical atmosphere has been disturbed by an occasional cloud, or the muttering of discontent seemed to portend a storm, these soon disappeared under the influence of the spirit evoked by the Hippocratic oath, and all was peace again. If personal affinities to particular institutions, and the keenest rivalry between these institutions are freely acknowledged and indulged in without clashing or discordant din, without interrupting the calm pursuits of science, or weakening the bonds of friendship previously formed, much of these pleasing results is due to Kappa-Lambdaism. There have been misunderstandings which produced coolness—differences which led to temporary alienation—but never, we believe, was anger converted into that vile chronic malady of hatred; and, ere long, hearts throbbed equably under the old genial influence of professional association and personal regard.

The Kappa-Lambda Society did not last long: its mission was soon and successfully performed, but its effects and the spirit by which it was actuated, are more enduring, and to this day are largely felt, even by those who may be slow to acknowledge the source whence they are derived. Its archives were handed over not long after the termination of the North American Medical and Surgical Journal, to Dr. Henry Bond, the Secretary of the Society and also of the College of Physicians.

Nothing deterred by the epithet of "nefarious," as applied by the Brooklyn correspondent of the REPORTER to the "organization," which, as he alleges, "under the innocent pretence of a social gathering of congenial physicians," aims to rule both the profession and the hospitals of New York, we are free to acknowledge that we, too, old members of the

Kappa-Lambda Society of Philadelphia, who edited the Journal, have our social gatherings in the shape of a Club, which has held its weekly meetings at the houses of its members for a period of twenty-six years. This club, whose material regale consists of tea and coffee with bread and butter, and some plain cakes, and whose aims do not extend beyond conversation on the current topics of the day—political and ethical, literary and scientific, with a no inconsiderable dash of lighter matter, is innocent of any plot or intrigue for either the advancement of one party or individual, or the prostration of another. That no treason against the laws medical is concocted, we find proof in the fact that other medical gentlemen are always invited. They can bear testimony to the nature of these reunions, which have, indeed, been found to be so pleasant as to be imitated by younger members of the profession; and thus a general interchange of the amenities of life is kept up for the benefit and gratification of all.

We cannot dismiss the subject without alluding to the originally secret character of the Kappa Lambda organization, which was thought to be desirable until it had gained strength, and was able to resist the attempts which, it was feared, might be made by partisans of extreme sectional interests to trammel, if not to arrest entirely its course. The motive was good, the reason plausible, but, as the writer thinks, unsound; and he is convinced that no plan of legal and useful reform, whether in medicine or in law, in Church or in State, requires any such adventitious aid.

In the preceding desultory sketch of the Kappa-Lambda Society, of Philadelphia, we have made no revelations, nor told any thing that was not previously well known to a number of medical gentlemen, as well those who had been members, as others who had never belonged to it. The injunction of secrecy was not long enforced, and a knowledge of the entire scope and proceedings of the Society was obtainable, for the last thirty years, by all whose curiosity and interest prompted them to make inquiries with that view. What must be thought, then, of the intelligence, candor, and comity of a person, who writes from this city for a New York medical journal,[1] and who, while professing to keep it apprized of medical politics and movements in the profession here, can exhibit such a degree of cool impudence as to indite the following paragraph:

"By the by, your exposition of the Kappa Lambdas of your city reminds me that there were, and doubtless are still such animals in our own. I know some names, busy lately in transactions congenial to such an association, which were formerly the names of recognized members of such a society in our city. What would some learned author of this ilk think if we were to mention their names in this connection, as we very easily could? Does not the existence of this association point to certain persecuting transactions in our city during the last *several* years? We are inclined to think so!! Shakspeare, I think, says something about a whip to scourge such rascals through the world."

The only comment on this precious specimen of historical accuracy and epistolary refinement in speaking of men and things in Philadelphia, is to refer to the names of the gentlemen introduced in the preceding sketch, and to ask its readers whether they deserve to be called "animals," and "rascals." A lampoon may sometimes amuse by its wit or its point, but to neither of these can the scribbler, who usurps the honored name of "Seneca," lay the slightest claim. He has yet to learn, also, that the fictions with which he may seek to amuse must consist of better materials than a disregard of facts and calumnious assertions.

B * * * .

[1] American Medical Gazette.

Items and Miscellany.

Professor Henry Vethake has been appointed to the chair of the Higher Mathematics in the Polytechnic College of this city.

Vermont Medical Society.—The annual meeting of the Vermont Medical Society was held at Montpelier, on the 26th and 27th ult. There was a large attendance of members, and the proceedings were full of interest.

Sir James Clarke, the eminent London physician, has just retired from his office of personal physician in daily attendance on the Queen. He has had charge of the health of the Queen for twenty-seven years, since her girlhood. Advanced age and ill health are the reasons for the retirement.

Chicago College of Pharmacy.—We have received the announcement of the first annual course of lectures in this institution, commencing on Wednesday evening, Nov. 9th, and continuing twenty weeks. The Faculty are—James V. Z. Blaney, M. D., Professor of Chemistry; F. Scammon, M. D., Professor of Pharmacy, and John H. Rauch, M. D., Professor of Materia Medica. The fees are very low.

We are very happy to be able to make this announcement, as we are always pleased with any evidence of progress in a branch of science so closely allied as is that of Pharmacy to the medical profession.

A confirmed opium-eater, in Rochester, has dropped the filthy habit. He is now an old man of seventy, and for four years he has not used the drug in any shape, though before that he had been an opium-eater for forty years. When he commenced breaking himself of the habit, he was using the opium at the rate of eighty grains per day, and it took him about two years to accomplish his purpose.

Plans for the erection of a new hospital on an extensive scale, have been adopted by the City Council of Cincinnati.

Dr. Butler has entered upon his duties as Chief Resident Physician of the Philadelphia Hospital for the Insane.

Dr. Edmund Davy, Professor of Agricultural Chemistry in the Royal Dublin Society, has discovered that arsenic, as it exists in the different artificial manures, (such as superphosphate) will be taken up by the plants growing where the manures have been applied, in such quantities as in time to exercise an injurious effect on men and animals consuming them.

The British Consul at Honolulu is raising subscriptions for the erection of a monument to Captain Cook at Kealakeakua Bay, on the spot where he fell. After a local subscription has provided for a granite obelisk, he suggests an appeal for subscriptions "throughout the world" to erect on Diamond Head, or elsewhere, a memorial in some degree more commensurate with Cook's fame.

There were only 152 interments in this city during the week ending on Saturday last—males 82, females 71; boys 48, girls 38. Considering the population, there is not a healthier city in the world, and as a place of residence certainly not a more delightful one.

The Almshouse at North Weymouth, Mass., was destroyed by fire on the 24th ult., and two insane paupers, named Hayden and Terrell, perished in the flames. Loss $6,000.

Still Another Searching Expedition for the Franklin party is proposed. The design is to follow their track, which is now known, along the Great Fish river, as it is said that game is so abundant in that region that the whole company, numbering one hundred and fifty, could not have perished.

The State Geologist of Texas has announced the discovery of vast bodies of iron ore, as well as tertiary coal or lignite, beds of limestone, pipe clay, fire-rock, and hydraulic limestone, in the region of country immediately south of Harrison county, in that State.

Prospective Astronomical Discoveries.—M. Leverrier, the discoverer of Neptune, has been engaged lately in studying the aberrations of the planet Mercury. He concludes that they are due to the existence of small asteroids, and urges his brother astronomers to assist him in a search for them. The total eclipse of the sun, which will take place in July, 1860, will afford an extraordinarily favorable opportunity for this, photography affording a means of recording instantaneously whatever phenomena may appear.

Width of the Mississippi.—The Mississippi river, above the mouth of the Missouri, averages 3,600 feet in width. From there to the mouth of the Ohio it averages 3,200 feet; from the Ohio to the Arkansas, about 3,000 feet; from the Arkansas to the Red river, about 2,700 feet; and from the Red river to the Gulf of Mexico, the average width is about 2,100 feet. Yet with this constant narrowing of the river the volume of water to be discharged is constantly increasing. Hence, it is contended, come those bayous which start out of the river and lead away into the swamps, and down in various directions to the Gulf.

The piles under London bridge have been driven 500 years; and on examining them in 1845, they were found to be little decayed. They are principally elm. Old Savoy place, in the city of London, was built 650 years ago, and the wooden piles, consisting of oak, elm, beech, and chestnut, were found, upon recent examination, to be perfectly sound. Of the durability of timber in a wet state, the piles of the bridge built by the Emperor Trajan over the Danube afford a striking example. One of these piles was taken up, and found to be petrified to the depth of three-quarters of an inch, but the rest of the wood was not different from its former state, though it had been driven 1600 years.

A commission *de lunatico inquirendo* has been appointed by Judge Gould, in the case of Mrs. Blandina Dudley, of Albany, in view of the alleged recent singular disposition made by her of her property.

A Physician's Certificate.—The following certificate of a physician is copied from the New York *Courier des Etats Unis:*

"I, the undersigned, hereby certify that Mrs. X. died of an unknown disease of which I had cured her, but owing to her great age, she was not able to bear up through the state of convalescence, and died in consequence."

Many of the beautiful and classic streams of England, as the Avon, which was once limpid and bright, are now disfigured by the growth of the *anachasis*, an exotic water weed, which has taken root and spread with immense rapidity all along their banks.

Parrish's School of Pharmacy is conducted by Mr. E. Parrish, as lecturer, and Mr. J. M. Maisch, superintendent of the practical department. Instruction in practical pharmacy is given, in connection with a laboratory for practical and analytical chemistry, such as is essential to every educated physician. The more complex analyses, organic and toxicological are illustrated.

Each student has, at times convenient to him, an opportunity of practicing chemical and pharmaceutical manipulations, and of becoming familiar with the sensible properties of officinal articles. In this manner a vast amount of important information, which cannot be elsewhere so conveniently obtained, is with facility acquired.

This institution has been popular for the last ten years, and is worthy the attention of every student who is endeavoring to acquire a thorough medical education.

There are within the limits of the city of Selma, (Ala.,) fourteen artesian wells, which have an average depth of about four hundred feet, several of them throwing volumes of water to the extent of 600 gallons per minute. . . . The grape crop of Ohio is said to be larger this year than it has been since 1851. The quantity of wine made in the State will be very large. Longworth's vineyards will yield from six to nine hundred bushels of grapes to the acre. . . . The "American Institute," located in New York, well known on account of its annual industrial fairs, has a library of 10,000 volumes. . . . Dr. Kotschy, a distinguished orientalist, is engaged in making explorations in parts of Asia Minor not hitherto reached, or which have been overlooked by travellers. . . . A young Frenchman, M. Duveyrier, has set out from Algiers for the interior of Africa, across the great desert, with a view to investigate its physical geography. At last accounts M. Duveyrier was already far beyond the French outposts, and had been well received by the native chiefs.

Errata.—By a singular misapprehension, the proof of the article in last week's number of the REPORTER, on "Infibulation," was not read at all, and was consequently full of gross errors, which we must trust now to our readers to correct.

To Correspondents.

Traveler.—The English Registration Act does not prevent any who choose from practising, but makes penal the false assumption of the titles of Doctor, Surgeon, or "Registered." No one with a foreign degree is acknowledged by the Registration Act, without first undergoing an examination. Persons not registered are disqualified from recovering fees by law, and cannot hold public medical appointments.

Dr. S., Philadelphia.—The object of the Woman's Hospital, New York, is the treatment of diseases *peculiar* to females. It has no medical class.

Practitioner.—The requisites for membership in the Philadelphia County Medical Society are residence in the county, graduation three years previously, then a proposition for membership by three members of the Society, and if elected, paying an initiation fee of two dollars, making the declaration to comply with the regulations of the Society, and signing the constitution.

G. M. E., Ga.—Instruments such as you require can be had in this city, of equal quality and finish to any which you can import, and at less expense. If imported, the cost of carriage and a duty of thirty per cent. would be added to the original cost.

COMMUNICATIONS RECEIVED.—*Delaware*, Drs. Jump and Jones—*Georgia*, Dr. V. H. Talliaferro—*Indiana*, Dr. L. D. Personett, (with encl.)—*Kentucky*, Dr. R. A. Gibney, (with encl.,) Dr. G. W. Ronald, (with encl.)—*Louisiana*, Dr. N. B. Benedict, Dr. Wm. H. Goode—*Massachusetts*, Dr. Francis Johnson, (with encl.)—*New Jersey*, Dr. W. Johnson, Dr. Geo. F. Fort—*New York*, Dr. O. C. Gibbs, Tilden & Co., "Gotham," Dr. Wm. G. Meacham—*Ohio*, Dr. P. W. Clark, (with encl.)—*Pennsylvania*, Mr. J. Hulme, Dr. G. W. Smith, (with encl.)—*Tennessee*, Dr J. L. Davis, (with encl.)

Office Payments.—Dr. M. McClenachan, (adv.,) Dr. M. O'Hara.

MARRIAGES.

FORBES—SIMS—In this city, on Thursday evening, Nov. 3d, by the Rev. Alexander H. Vinton, D. D., William S. Forbes, M. D., and Celanire B., daughter of John C. Simms, all of this city.

FULLGRAFF—HYDE—Nov. 5th, in New York, by Rev. Geo. C. Pennell, Otto Fullgraff, M. D., and Mary Hyde, both of that city.

LINES—HUBBARD—In Rochester, October 25th, by Rev. Geo. S. Gurnsey, Leverett H. Lines, M. D., of New York city, and Miss Chastina Hubbard, of Rochester.

DEATHS.

BAYLEY—In New York, the 7th instant, Guy Carleton Bayley, M. D., in the 74th year of his age.

TIFFIN—Dr. Clayton Tiffin, who was a surgeon in the United States Army in 1810, died at New Orleans on the 12th of October.

JOHN F. ORD, MANUFACTURER OF THE PATENT METALLIC SKELETON ARTIFICIL LEG,

No. 31 North Ninth st., below Arch st.

PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

WILLIAM GIBSON, M. D.
Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.

Second—To the same for their Improvements in Club Foot Apparatus.....Second Premium.

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In addition to the above *strong recommendations*, over *three hundred* original certificates are on file in the office.

Pamphlets and directions for measure sent on application as above. JOHN F. ORD.

N. B.—Surgical apparatus for every variety of deformity made to order. 159

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The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

During October the Laboratory will be open, and a Clinical Lecture delivered every Saturday by one of the Professors, at three o'clock P. M.

The most ample facilities furnished for a thorough course of practical instruction.

Tickets for the Course, Demonstrator's Tickets included, 100 dollars; Matriculation Fee, 5 dollars; Diploma Fee, 30 dollars.

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This Plaster is made of the best materials, and is recommended as superior to any other article of the kind now in use. The outer surface being made water proof, it will continue to adhere, although the part to which it is applied is subject to frequent washing 155

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(*Late of Prof. Liebig's Laboratory,*)

Offers his services to the Profession as

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All *new remedies* constantly on hand and sent to all parts of the country. All the REAGENTS, GRADUATED SOLUTIONS, and APPARATUS for PHYSIOLOGICAL EXPERIMENTS, ANALYSIS OF URINE, etc., prepared with the utmost care and furnished in any quantity at short notice.

Price lists on application. 154.

J. H. GEMRIG,

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MANUFACTURER OF

SURGICAL AND DENTAL INSTRUMENTS,

Trusses and Apparatus for Deformities, Splints, Syringes, &c.

Manufactures to order and keeps constantly on hand a genera assortment of

SURGICAL AND DENTAL INSTRUMENTS

of the finest quality, and most approved patterns. Gentlemen about to commence practice would do well to call and examine his large assortment of Instruments. 118

D. W. KOLBE,

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32 SOUTH NINTH STREET,

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Previous to his commencing business in this city, he was engaged, for a considerable time, in the most celebrated workshops of Paris, Belgium and Germany, and does not hesitate to say, that there is no instrument, however complicated or minute it may be, whose construction he is unacquainted with, or which he could not manufacture.

Deeply impressed with the responsibility attached to the maker of Instruments employed by the Surgeon, he will furnish no instrument without a conscientious certainty of its being as perfect as it is possible to make it.

As he has during the last three years been present at the operations performed at the Surgical Clinics of the Colleges and Hospitals of Philadelphia, he trusts that he understands fully the wants of the Profession in this important department. He asks attention to his Artificial Legs, Arms, and Club-foot Apparatus.

REFERENCES.

George W. Norris. M. D., Surgeon to the Penna. Hospital.
E. Hartshorne, M. D., " " "
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D,, Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
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Isaac Hays, M. D
P. B. Goddard, M. D. 118

J. M. MIGEOD,

MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

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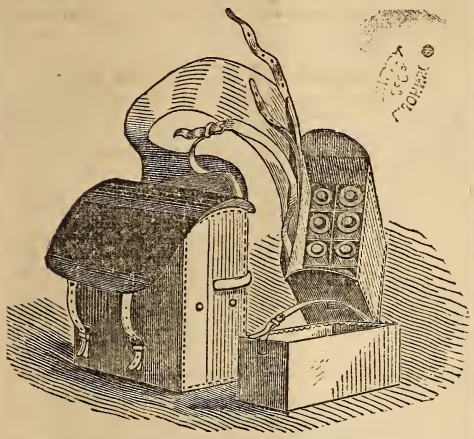

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1,	containing	12	1 oz.	Ground Stop. Bottles and		
		12	1½ oz.	" "		$9 50
No. 2,	containing	10	1 oz.	" " and		
		10	1½ oz.	" "		8 50
No. 3,	containing	8	1 oz.	" " and		
		8	1½ oz.	" "		7 50

Box Pattern, with Trays to Lift Out.

No. 4,	containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 5,	"	20	1 oz.	" "	9 50
No. 6,	"	16	1 oz.	" "	8 50

Pattern with Drawers in Ends.

No. 7,	containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 8,	"	20	1 oz.	" "	9 50
No. 9,	"	16	1 oz.	" "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1,	containing	27	1 oz.	Ground Stop. Bottles,		
"	"	18	½ oz.	" "		
"	"	4		Pots, " "	and	
"	"	1		Mortar, " "		$19 00
No. 2,	containing	21	1 oz.	Ground Stop. Bottles,		
"	"	14	½ oz.	" "		
"	"	4		Pots, " "	and	
"	"	1		Mortar, " "		$15 50
No. 3,	containing	18	1 oz.	Ground Stop. Bottles,		
"	"	10	½ oz.	" "	and	
"	"	4		Pots, " "		$12 00
No. 4,	containing	20	1½ oz.	Ground Stop. Bottles	and	
"	"	2		Pots, " "		$8 50
No. 5,	containing	15	1 oz.	Ground Stop. Bottles,		$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1,	containing	9	1½ oz.	Ground Stop. Bottles,		
"	"	18	1 oz.	" "		
"	"	18	½ oz.	" "		
"	"	4		Pots, " "	and	
"	"	1		Mortar, " "		$20 00
No. 2,	containing	7	1 1½ oz.	Ground Stop. Bottles,		
"	"	14	1 oz.	" "		
"	"	14	½ oz.	" "		
"	"	4		Pots, " "	and	
"	"	1		Mortar, " "		$16 50
No. 3,	containing	14	1 oz.	Ground Stop. Bottles,		
"	"	14	1½ oz.	" "	and	
"	"	4		Pots, " "		$13 00

126 y

Palmer's

PATENT LEG & ARM.

STUDIO

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THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

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MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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TRUSSES,

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Shoulder Braces,

LACE AND ELASTIC STOCKINGS,

SPINAL APPARATUS,

AND INSTRUMENTS FOR ALL DEFORMITIES.

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Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them. 120

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MEDICINE CHESTS,

Medical Saddle Bags, Medical Pocket Cases, Portable Desks, Plate Chests, Gun and Pistol Cases.

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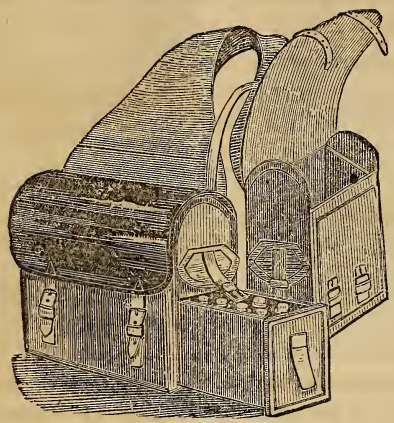

MEDICAL SADDLE BAGS, made of Russet Bridle Leather, with Pat. Leather Covers.

Box Pattern, with Trays to Lift Out.

	No. 4, cont. 24 Ground Stopper Bottles,	$10 50
	Extra, with pockets,	11 50
	Nos. 5 & 8, cont. 20 Ground Stopper Bottles,	9 50
Ext.	No. 8, with pocket,	10 50
A.	" 8, containing 24 1 oz. Fluted Vials,	8 75
	No. 10, cont. 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 10, cont. 20 1 oz. Fluted Vials,	7 75

Pattern Drawers in Ends—Two Rows Bottles.

	No. 12, cont. 28 1 oz. Ground Stopper Bottles,	$11 50
	" 7, " 24 1 oz. " "	10 50
	" 7, cont. 24 1 oz. Gr'd Stopper Bottles, with pockets,	11 50
	" 6 & 11 " 20 1 oz. " "	9 50
Ext.	" 11, " 20 1 oz. " " with pockets,	10 25
A.	" 11, " 24 1 oz. Fluted Prescription Vials,	8 75
	" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 13, " 20 1 oz. Fluted Prescription Vials,	7 75

Flat Pattern, with Pockets.

	No. 1, cont. 24 Ground Stopper Bottles,	$10 00
	" 2, " 20 " "	8 50
	" 3, " 16 " "	7 50

Medicine Chests, for Physicians. Made of Russet Leather.

No. 1,	containing	44	Ground Stopper Bottles,	4	pots,	$18 00
No. 2,	"	56	"	"	4 "	19 00
No. 3,	"	48	"	"	4 "	17 50
No. 4,	"	37	"	"	4 "	13 50
No. 5,	"	32	"	"	4 "	12 50
No. 6,	"	27	"	"	4 "	10 50
No. 7,	"	20	"	"		8 50
No. 8,	"	15	"	"		6 50
No. 9,	"	14	"	"		5 05

Mahogany Medicine Chests. Wing Pattern, with brass mountings, and superior finish.

Pocket Cases for Physicians.

No. 1,	containing	18	Vials,	$1 50
No. 2,	"	24	"	2 00
No. 3,	"	24	"	2 50

(118)

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Examinations are held daily in all the branches taught in the Jefferson Medical College, commencing on the 23d of October. Near the close of the session a review of the entire course is given. The examinations are fully illustrated by surgical and Anatomical Preparations, a Cabinet of Materia Medica, etc.

Exercise will also be given in writing prescriptions. 156

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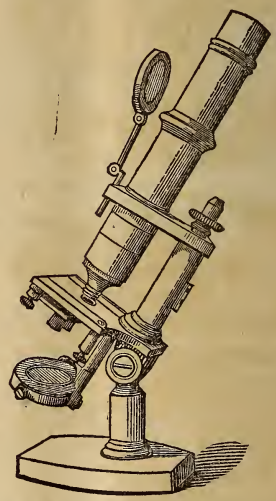
THE largest assortment of Microscopes, from the most eminent makers, and of the most approved construction, for Physicians and Students, is offered for inspection by the undersinged. Also,



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Bandage Institute, (patronized by the Medical Faculty.) No. 14 (late 4) North Ninth street, West side, the Sixth Store above Market. B. C. EVERETT, Principal.

ESTABLISHED in 1841, for the Sale of every variety of Surgical Appliances, including B. C. EVERETT'S Premium Patent Graduating Pressure Truss, an unequaled instrument for the Permanent Cure of Hernia, or Rupture; also, a new and superior article of Silk and Cotton Elastic Stockings, (Without lacing,) unsurpassed for durability, utility and comfort, used for enlarged or varicose veins of the leg, &c.

Elastic Knee Cap, Ankle Bandages, and Abdominal Belts, Crutches, Premium Shoulder Braces, Belts, Lace Stockings, Artificial Limbs, Suspensory and Hemorrhoidal Bandages, Utero-Abdominal Supporters, Instruments for Curvature of the Spine, Bow-legs, and Knock-knees. All of which are warranted to fit, and are made in the most superior manner.

Apartments for Ladies, under the superintendence of Mrs. Everett

126-y.

PHYSICIANS' SADDLE BAGS.

THE Bags here described are made of fine Russet Bridle Leather. The sides worn next the hor are without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from t weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of the are glass stoppered.

Fig. 1.

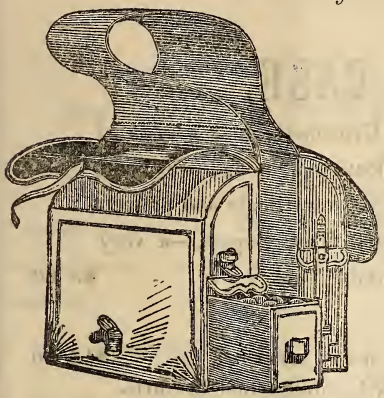


Fig. 1. The bottles in this bag are contained in drawers whi slide in at the ends of the bag, and are fastened by a strap pas ing through an eye in the drawer—the eyes serve as handles which the drawers are drawn out. The drawers containing t medicines can be removed without taking the bags from the hors A space above the drawers serves for carrying Instruments, Pac ages, &c.

Bags containing		24	vials,	$10 50
"	"	20	"	9 50
"	"	16	"	8 50

Fig. 2.

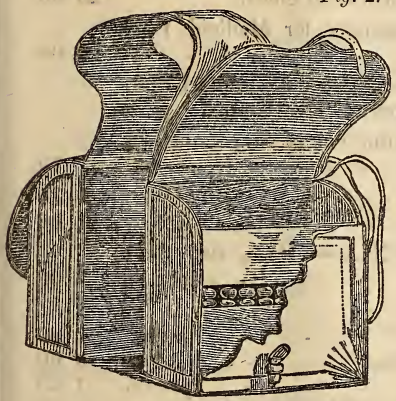


Fig. 2. The bottles are at the bottom of the bag—(as show in the section)—a tray is placed above the bottles for carryi Instruments, &c. The tray must be removed to gain access the bottles.

Bags containing		24	vials,	$10 50
"	"	20	"	9 50
"	"	16	"	8 50

Fig. 3.

Fig. 3. Flat bags—(as shown in the figure)—A row of smal bottles above the larger ones, are intended for Powders. Th inside flap has a pocket in it for Instruments, &c.

Bags containing		32	vials,	$12 00
"	"	28	"	11 00

LEATHER MEDICINE CHESTS

FOR CARRIAGES, IN GREAT VARIETY.

☞ *Estimates* for Physicians Outfits to cost $50 and $100, for distribution.

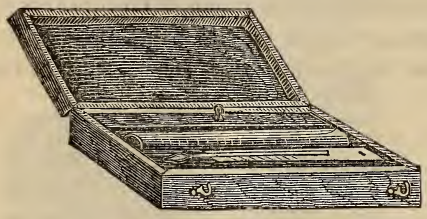
URINOMETERS

(LONDON MAKE)

With Directions— warranted correct, - - - - - - - - $2 00

Do. in morocco case, with graduated Glass for floating the Instrument, $2 50

URINOMETER CASE,



Containing Urinometer and graduated Glass for floating it, a delicate Thermometer, with ivory Scale and projecting Bulb, and Test Papers,—a very neat and portable case, - - $5 00

'EST CHESTS FOR URINE, with Chemicals and Apparatus, neatly arranged, $16 00

'EST CHESTS FOR MEDICO-CHEMICAL EXAMINATIONS, suited either to Christison or Taylor on Poisons—compactly and neatly arranged in walnut chest, 25 00

IAGNETO-ELECTRIC MACHINES for Application of Electricity for Medical Purpose, in mahogany box, with lock and key, - - - - - - - - - - 10 00

'LUID EXTRACTS—all the Officinal, and an extensive variety of others, including Ergot, Wild Cherry, Dulcamara, Calisaya Bark, Cimicifuga, Serpentaria, Uva Ursi, &c.

:ITRATE OF IRON AND STRYCHNIA,—(49 grains containing one of Strychnia)—a new Tonic, employed in Chorea and Dyspepsia, - - - - - per oz. 75

'ALERIANATE OF AMMONIA, in Chrystals, - - - - - " 1 75

" " in Solution, - - - - - - " 1 00

'IERLOT'S SOLUTION OF VALERIANATE OF AMMONIA—(Dose, two fluid drachms, three times a day) - - - - - - - - - - per lb. 2 00

*** The above Valerianates are much used as Sedatives.

'YROPHOSPHATE OF IRON, - - - - - - - - - per oz. 20

:OMPOUND SYRUP OF THE PHOSPHATES, in 1 lb. bottles, - - per doz. 9 00

:OMPOUND SYRUP OF THE HYPOPHOSPHITES, - - - - per lb. 1 25

HYPOPHOSPHITE OF SODA, IRON, POTASH, LIME, AMMONIA, each, per oz. 62

:HLORATE OF SODA,—possessing the advantage over the Potash Salt of being much more soluble, - - - - - - - - - - - - - per oz. 20

MONSEL'S PERSULPHATE OF IRON, a powerful hœmostatic, and astringent, free from acid—in Solution—Dose, 10 to 30 drops, - - - - - - per oz. 20

SULPHITE OF SODA, used in yesty vomiting, - - - - - - - " 75

'ER MANGANATE OF POTASH, in crystals, used as a disinfectant for foul ulcers, " 62

SUB-CARBONATE OF BISMUTH, used in place of the Sub-Nitrate, as assimilating more readily, - - - - - - - - - - - - - per oz. 20

SULPHATE OF NICKLE, used in some forms of Rheumatic Affections in place of Iron Salts, - - - - - - - - - - - - - - - per oz. 40

☞ Illustrated and Priced Catalogues of Drugs, Medicines, Chemicals, Surgical Instruments and mplements, suited to the requirements of the Physician, furnished by mail on application.

BULLOCK & CRENSHAW, Druggists,

No. 103 & 105 *North Sixth St. Philada.*

PROPYLAMIN.

The attention of the Medical Profession is directed to this article for its asserted curative power in cases of Rheumatism.

The origin of the application of Propylamin is due to Dr. Awenarius of St. Petersburg, who treated successfully 250 patients in the Hospital of Kaulinkin. Dr. Awenarius used Propylamin in both acute and chronic cases of Rheumatism. In acute cases the pain and fever disappeared the next day.

The remedy was prescribed by Dr. Awenarius in the following manner:

℞ Propylamin, - gtt xxv
Water, - - f ʒ vi Mix.

Dose—A tablespoonful every two hours.

To disguise the taste, peppermint, or other of the medicated waters, with sugar, can be used.

Propylamin is an Alkaline Liquid obtained artificially from Narcotina Codeia, Bone Oil, &c. It exists naturally in combination with an acid in herring pickle, ergot, &c.

In order to bring this remedy to the notice of Physicians, we are prepared to furnish Propylamin in the form of Chloride, a Crystaline Salt, which is less likely to deteriorate or contain impurities than liquid Propylamin.

By dissolving the Crystals, and adding Potash or Ammonia, Propylamin is obtained in a free state, in which form it is prescribed.

Every 10 grains of Chloride of Propylamin contains about 6 grains of Propylamin.

Dissolve 40 grains of the Salt in 6 oz. of water, and add Aqua Ammonia, or Solution of Potash, gradually, stirring after each addition, till red test paper slightly turns blue on the edges.

The composition of Propylamin is C H N It is a colorless, transparent liquid, with a pungent, fishy odor. 6 9

We will furnish by mail, postage pre-paid, Chloride of Propylamin in crystals, carefully put up in ⅛ oz. packages, at $1.25 per package.

BULLOCK & CRENSHAW,
Nos. 103 & 105 North Sixth Street, above Arch,
PHILADELPHIA

TO APOTHECARIES AND PHYSICIANS.

PILLS
OF THE
U. S. PHARMACOPŒIA, &c.
COATED WITH SUGAR.

The attention of Druggists and Physicians is particularly invited to the Pills of our Pharmacopœia, coated with sugar, which we are now prepared to supply.

The various Pills are prepared in the most careful and accurate manner, and in exact compliance with the revised National Pharmacopœia. All of the Drugs employed in their preparation are carefully selected, and of the best quality; and the ingredients are thoroughly incorporated, so that every parcel of the mass contains but a due proportion of its constituents—strict care being observed to render them accurate and reliable. Our object is to render this form of medicine pleasing to the eye and to disguise odor and taste, while the activity and efficiency of the Pills are unimpaired.

The peculiar neatness of appearance which these Pills possess is not their only recommendation—the careful mode of preparation ensures exactness, so indispensable, while the coating protects them from injury by keeping.

The Pills are put up in a convenient form in bottles of blue glass, containing one hundred, and five hundred, so as to meet the requirements of the Wholesale and Retail Trade, and to supply the wants of Physicians,—especially those located in the country. Each bottle bears an appropriate label, giving the name, dose, and recipe by which the Pills are prepared.

We have the following PILLS now prepared, and are adding others as rapidly as possible—

Price 37½ *cts. per bottle of* 100 *Pills.*

PIL: CATH: COMP:
" RHEI.
" " COMP:
" ALOËS.
" " ET MYRRH.
" " ET FERRI.
" FERRI COMP:
" ASSAFŒT:
" " ET ALOËS.
" FERRI QUEVENNE, 1 gr.
" OPII, 1 gr.
" HYDRARG: 3 gr.
" CALOMEL, 3 gr.
" " COMP: (Plummer's) 3 gr.
" COPAIBÆ, 3 gr.
" FERRI CARB: (Vallett's) 3 gr.
" HOOPER, (Female Pills.)
" STOMACHICÆ (Lady Webster's Dinner Pills.)
" ANTIBILIOUS, without Mercury (Comp: Ext: Colocynth and Podophyllin.)
" BISMUTH: SUBNIT: 3⅓ gr.
" SCILLÆ COMP:
" IPECAC: ET OPII, 3⅓ gr.
" GALBAN: COMP:
" EXT: NUC: VOM: ½ gr.

62½ cts. per bottle of 100 *Pills.*

PIL: QUIN: SULPH: 1 gr.
" " " 1 gr. & EXT. BELLADON: ½ gr.

37½ cts. per bottle of 100 *each.*

GRANULES OF ARSENIOUS ACID, $\frac{1}{20}$ and $\frac{1}{50}$ gr.
" " STRYCHNIA, $\frac{1}{20}$ and $\frac{1}{40}$ gr.
" " ELATERIUM, $\frac{1}{10}$ gr.
" " COR: SUBLIMATE, $\frac{1}{12}$ gr.
" " EXT. OF CANNABIS IND: ¼ gr.
" " " " BELLADONNÆ, Ang: ¼ gr. & ½ gr.
" " " " HYOSCYAM: Ang: ¼ gr. & ½ gr.

50 cts. per bottle of 100 *each.*

GRANULES OF SULPH: MORPHIA, $\frac{1}{10}$ gr.
" " ATROPIA, $\frac{1}{60}$ gr.
" " DIGITALINE, $\frac{1}{60}$ gr.
" " NIT: SILVER, ¼ gr.
" " IODIDE MERCURY, ¼ gr.
" BINIODIDE " $\frac{1}{16}$ gr.

75 cts. per bottle of 100 *Pills.*

PIL: FERRI VALERIAN: 1 gr.
" ZINCI " 1 gr.
GRANULES VALER MORPH: ⅛ gr.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 161. PHILADELPHIA, NOVEMBER 19, 1859. NEW SERIES VOL. III. NO. 8

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 18.

NASAL REGION (continued.)—*Practical Remarks.*—In rare cases, a hernia of the anterior lobes of the cerebrum may reach the nose through the cribriform part of the roof. The very common inclination of the septum to one side or the other, should be remembered that it may not lead to the supposition of disease or the existence of a tumor. In some instances it may deviate so far as to touch the external wall of the fossa, and render the entrance of air difficult. Its anterior part being cartilage, may be the seat of abscess, the suffering from which is sometimes almost intolerable. The true nature of the disease is primarily a perichondritis, which, ending in suppuration, the pus infiltrates the proper cartilage tissue, the pressure of which on the fillaments of the fifth pair of nerves, which are highly sensitive in the internal nasal region, gives rise to the pain. The septum acting as a pillar of support, both to the cartilaginous and bony nose, when destroyed, either by syphilitic or scrofulous ulceration, will allow the bridge of the organ to fall in, presenting such a repulsive deformity that it need only be seen to satisfy any observer how much the beauty and expression of the face depend upon the perfection of the nose.

In fractures of the nasal bones and septum, the nasal cavities can be most advantageously used as points from which pressure can be exerted either to model the parts into proper position or introduce materials calculated to supply a more permanent support. In all such cases, the remarks already made as to the necessity of keeping the fossæ clear for the admission of air, lose none of their force even in the accidents referred to, and therefore a hollow cylinder of some substance should be first introduced, and the packing placed around.

The septum being prolonged upward into the cavity of the cranium as the "crista galli," and having the cribriform plates on either side, on which rest the olfactory lobes and internal nasal nerves, increased importance is to be attached to injuries of the nasal bones in consequence of such relation of parts. It (the septum) may be driven up, wounding the brain or its membranes, detaching the falx major or relaxing its tension, so as to embarrass the due transmission of the blood through the longitudinal sinus, or the olfactory bulbs or the nasal nerve may be implicated. It is not uncommon, after a stroke received across the nose, to have following it a great diminution, or even entire loss of the sense of smell, as well as the common sensibility of the nasal mucous membrane. This is explained by the position of the parts to which I have just alluded. In removal of one of the upper maxillary bones, care should be observed not to remove the whole base of support to the septum, or it may be followed by sinking of the nose. The anfractuous condition of the external walls teaches the necessity of keeping close to the septum in conveying instruments to the pharynx. Among other uses, this condition increases very much the surface over which is spread the mucous membrane.

The complexity of these passages bears a definite ratio to the habits of the animal. In fish there are two excavations lodged in the bones of the head, quite uniform in their structure, the lining membrane of which is amplified by being plicated or doubled on itself. In reptiles there are no turbinated bones, but in birds there appear the septum and the three osseous convolutions, and in predacious mammals which scent their prey, these turbinated scrolls and labarynthic passages are enormously increased, evidently with a view of presenting a large expanse of olfactory fillaments. The fragile, spongy structure of the turbinated bones inculcates a lesson of caution in removing morbid growths, as they may be fractured, detached, or so injured as to induce inflammation, followed by caries or necrosis.

Irregular and extended as the nasal cavities are, there are but two outlets—the posterior and anterior nares. These require not unfrequently to be tamponed as a means of arresting hemorrhages. In this operation the size of the outlets, as already given, should be remembered, and especially the widening of the passages within the posterior nares. In consequence of this, a plug which will fit loosely these pharyngeal openings, will make very little pressure after being drawn within, and thus the blood will not be effectually restrained. The catheterism of the Eustachian tube is most feasible through the nose, and the projection from the posterior termination of the outer wall, formed by the perpendicular plate of the palatine bone, is a useful guide to its accomplishment, the opening being immediately behind, and this ridge being generally so prominent that it will arrest the end of the instrument if it be carried backward closely in contact with the angle of union between the floor and the external wall of the nasal fossa. A more definite explanation of this operation will be furnished when the anatomy of the pharynx has been reached.

The rapid narrowing of the fossæ toward the nasal roof renders any instrumental manipulation the more difficult the further we depart from the floor. The mucous membrane which lines all the irregularities of these passages is very extended. It is prone to catarrhal attacks, and the difficulty of breathing through the nose in such affections results from the inflammatory swelling. Its natural color, especially over that portion most accessible to inspection, should be carefully observed, only presenting the faintest trace of redness, so that when this hue becomes decided it must be the result of disease.

Polypi are among the most common tumors found within the interior of the nose. Their location is determined by a peculiar anatomical constitution. Thus, on the upper and outer part of the nasal walls the mucous polypi are attached, these parts being well supplied by the glands of Bowman, the excretory orifices of which becoming obstructed and the ducts distended by their secretion, form a soft oyster-looking mass, called a polypus, the covering of which may be so thin as to be readily permeated by atmospheric moisture during damp weather, and again to exosmose its fluid contents when the air is clear and dry. This explains the influence of weather on the nasal respiration of such as may have a growth of this nature in the nose.

A polypus of much greater consistence and density is sometimes met with, distinguished as the *fleshy* or *fibrous* variety. The seat of this is beneath the mucous layer, in the submucous tissue, the pathological constitution of which is both a hypertrophy and new formation of the connecting fibrous element.

There is a third variety, which furnishes the microscopical evidences of cancer, and is termed the *malignant* polypus. This occurs early in life, and is very rapid in its progress to a fatal issue. The impaction of the cavities gives rise to a peculiar intonation of the voice, usually called nasal, a palpable misnomer, however, as the sound is not produced in the nose. These growths may insinuate themselves into all irregularities within the nasal fossæ, or even the accessory chambers, or they may appear behind the soft palate in the pharynx, by passing through the posterior nares.

The vascularity of the mucous membrane, as well as the delicate nature of the turbinated

bones, require that in detaching polypi it should be done by a movement of torsion or twisting. The communication of the nasal with the intracranial vessels, through the cribriform plate of the ethmoid and the frontal bones, explains the very decided beneficial effects on the brain which follow the occurrence of epistaxis. The olfactory portion of the organ is confined to the superior part, hence the lower turbinated bones may be extensively involved or destroyed by disease, without impairing this sense.

Instances of singular olfactory peculiarities come within the cognizance of almost every physician. There are some so peculiarly organized, that even the odorous emanations of the rose or other flower produces so marked a cerebral impression as to induce fainting. I am acquainted with a case in which this flower produces, whenever the person comes within reach of its influence, violent paroxysms of sneezing. Others, by smelling some article of the materia medica, or even the fragrance of new mown hay, are seized with asthma. One of England's kings, historically prominent, was so sensible to the smell of a mouse that the presence of one in his room would immediately wake him out of the profoundest sleep. In sneezing nausea and asthma, produced by such idiosyncrasies, we must look for the proximate explanation in the connection existing between the nerves of the nasal mucous membrane and the pneumo-gastric, glosso-pharyngeal, phrenic and intercostals.

Sneezing is a very common antecedent of catarrhal attacks of the internal nasal region, and in such cases the smell is greatly diminished. The cause is to be found in the irritation of the nasal branch of the fifth pair of nerves; if they are implicated the olfactory sense will always participate. Such paroxysms are not without their value: there is in these attacks such swelling of the mucous membrane as to prevent, in a great degree, the due admission of air, and, of course, an imperfect arterialization of the blood. The forcible inhalation and expiration produced by the act of sneezing compensates for this difficulty. Herein consists, also, the philosophy of applying volatile substances to the nose, in fainting, as a means of exciting respiration, and consequently maintaining the circulation, so that the great nerve centres shall receive a proper amount, as well as a proper quality of blood.

Belladonna as an Antigalactic.

By Geo. McC. Miller, M. D.,
Of Brandywine Village, Del.

The outlines of the two following cases are here presented as a slight contribution to the literature and statistics of a subject which is to some extent engaging the attention of the medical profession—I mean the supposed antigalactic influence of belladonna, locally employed.

Case 1st.—Mrs. J. F., æt. about 25, was delivered of her second child on July 17th, 1859. The labor was natural, and without difficulty. The child was premature, being about six months old. Of course it was nonviable, and died in a few hours. On the 19th the breasts were evidently swelling. I ordered a solution of extract belladonna, (gr. x to f.℥ss. of water,) to be applied by means of a camel's hair pencil three times a day to both breasts, in a circular band an inch wide around the nipples. The breasts continued to swell, and became exceedingly painful, but under the use of the belladonna the tumefaction and distress subsided, and in a week the solution was discontinued, the mammæ having regained their natural condition.

Case 2d.—Mrs. W. S., æt. between 25 and 30, was delivered of her first child Sept. 11, 1859. The child was mature. She had had abscess of one breast a few weeks before her confinement, which had injured the nipple and the mammary textures generally to such an extent as to render the organ unfit for a further performance of its functions. In order to prevent a recurrence of previous disease and suffering, much to be apprehended, a solution of the ext. belladonna in the proportion of ℥ss. to f ℥j. of water, was ordered and applied around the nipple of the crippled breast three times a day. The application acted like a charm, to use the language of the attending nurse. The child sucked from the other breast.

A week or two subsequently, the breast to which the solution had been applied gathered in a slight degree, but this was probably owing to a too early discontinuance of the remedy.

In conclusion, I would take this method of requesting of my medical brethren that they would improve their opportunities of testing the antigalactic properties of belladonna, and report the results.

An Extraordinary Case of Ascites.

By SAMUEL M. KING, M. D.,

Of Monongahela City, Pa.

Having a case of Ascites, on which I have been attending for several years, of an unusual character, such as rarely, if ever, has been witnessed by the profession. I consider it my duty to report it, as it will doubtless be interesting, if not new to most. The case is that of a Mrs. Adams, of this city, aged about 45 years. I tapped her for the first time *February 1st*, 1854. At this time I drew off fourteen gallons of water; from this time to January 7th, 1856, I drew off 114½ gallons, making to this time 128½ gallons. From this time I will give you the dates and amount each time:

	Gals.	Qts.	Pts.		Gals.	Qts.	Pts.
Feb. 1854 to Jan. 1856,	128	2	...	1858—March 17.....	13	...	...
1856—Februry 15	9	2	...	April 16.....	12	3	...
March 31.....	10	...	1	May 14.....	12	2	...
May 9.....	10	...	½	June 15	12	...	...
June 17.....	10	...	...	July 16.....	12	...	...
July 21.....	10	2	...	August 18.....	11	3	...
August 31.....	10	2	1	September 13...	10	1	...
October 6.....	10	2	½	October 19.....	8	2	...
November 10...	10	2	...	November 17...	11	1	1
December 15...	10	2	½	December 23...	13	2	...
1857—January 19.....	11	...	½	1859—January 14.....	13	3	½
February 22....	10	3	...	February 11...	13	1	...
March 27.....	11	...	...	March 12.....	13	...	1
May 5.....	12	...	...	April 12.....	12	3	½
June 9th.....	12	2	...	May 14.....	13	...	...
July 14th.....	12	3	...	June 15...	13	2	1
August 15.....	13	1	...	July 15.....	12	2	...
September 15...	13	1	...	August 14.....	12	2	1
October 20.....	13	1	½	September 16...	12	...	...
November 15...	12	2	1	October 18.....	11	2	1
December 19...	13	1	...				
1858—January 18	13	2	...	Whole amount drawn			
February 16....	12	2	...	up to this time.....	628	2	1½

I would just state that Mrs. Adams is in the enjoyment of tolerably good health, and should nothing unusual occur, bids fair to live for years yet. Her health is much better than when the operation was first performed. She is of a medium size.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

OCTOBER 26TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

The case of *paralysis of the portio dura* (see REPORTER for Nov. 12,) was again presented to the class. The patient had improved, but the paralysis still remained to a slight degree.

The cause was looked upon as rheumatic irritation of the neurilemma.

The *treatment* had been tonic, in connection with blistering. He was now upon tr. fer. mur. and tr. nux vom., each ten drops three times a day. His diet was good.

Pneumohydrothorax.—The subject of this case was a German lad, by occupation a baker, 16 years of age, and rather under size for his years. He states that he took cold six months ago from working in a damp cellar, since which time he has had cough, and has lost flesh and strength. A month ago he spit a small quantity of blood on several occasions. He continued his work, however, up to the 20th of this month. He went to bed on the evening of the 19th, not feeling worse than usual. At 3 A. M. of the 20th he waked with a severe spell of coughing, was seized with a violent stitch in the left side, with great difficulty of breathing, and was unable to leave his bed. The pain and oppression continued, fever set in, and he entered the hospital on the 24th instant. He was able to walk to the hospital, though he had at the time very considerable fever, and was suffering severely. The pneumothorax was detected the day after his admission.

At present the symptoms are as follows: The pain in the side much lessened; respiration 30; pulse 126, quick and jerking, rather small and weak; skin warm; general appearance not bad, though the face is pale and the loss of flesh decided.

Percussion.—*Right* side, natural throughout; *left*, above and in front, tympanitic, inferiorly dull; behind, flat over inferior three inches; at the middle of the posterior lateral region, amphoric, or rather the "water sound" of Piorry, closely resembling the sound obtained by percussion over the stomach; above, over the interscapular space, and above the spine of the scapula, dull.

Auscultation.—*Right* side, respiration loudly puerile everywhere except at apex behind, where rude, and mixed with a little moist râle. *Left* side, at base behind, no murmur audible; a few inches above the base, and towards the lateral region, well marked cavernous respiration of amphoric note

heard over a limited space; over inter-scapular and scapular regions, and at inferior angle of scapula, loud blowing respiration; in front, over clavicular, infra-clavicular and mammary regions, respiration almost inaudible.

The cardiac sounds most distinct at right margin of sternum, over its lower third; over præcordial region very feeble and distant. Cardiac impulse cannot be felt in neighborhood of left nipple, whilst in epigastric region, at the point of the ensiform cartilage, it is visible to the eye, and quite strong to the touch. The left side somewhat contracted in its lateral position, while in front and above rather prominent.

Dr. M. asked how these various signs and symptoms were to be accounted for? After a chronic sickness of six months duration, marked by cough, loss of strength and flesh, and slight hæmoptysis, the patient is attacked suddenly, during a fit of coughing, with severe pain in the left side, followed by fever, dyspnœa, and the physical signs above exhibited. These signs denote the existence of pleurisy, with effusion occupying the lower part of the pleural sac, air extravasated into the pleural cavity, pressing the lung backward from the anterior lateral walls of the chest, and at the same time thrusting the mediastinum over toward the right side, thus producing a dislocation of the heart from its normal position in the præcordia over to the right edge of the sternum.

The only explanation, Dr. M. stated, of these various phenomena, is the supposition of a hydropneumothorax. The amphoric resonance on percussion, over the amphoric respiration over the left postero-lateral region, might indeed be supposed to result from the presence of a large excavation in the lower lobe of the left lung; but how explain the tympanitic percussion and absence of respiratory murmur in the axillary and lateral regions, the left clavicular and mammary regions, and the marked dislocation of the heart? Solely and alone as the consequence of air in the pleural cavity. The heart is, to be sure, often dislocated by a large liquid effusion into the pleural sac, but this cannot be the case in this patient, because the region properly occupied by the heart would in that event be rendered flat on percussion by the effused liquid, whereas here it is tympanitic.

Dr. M. explained that the acute pleuritic symptoms present in this case, with the fluid effusion occupying the inferior portion of the pleura, were the result of the inflammatory action set up in the thoracic cavity by the air, and perhaps the fluids, thrown into the pleural cavity at the moment of perforation of the lung. This perforation, there was every reason to suppose, was caused by the sudden rupture of a tuberculous excavation within the thoracic cavity.

Treatment.—Dry cups over the back and side; syrup of tolu with solution of morphia for the cough: five grain doses of Dover's powder at night; quinine, and a simple but nutritious diet.

October 29th.

Hemiplegia—Three Cases.—Gentlemen, I propose to call your attention to several forms of Hemiplegia:

Case 1st—Hemiplegia with late Rigidity.—The patient is 32 years of age, a native of Canada. He was admitted to the hospital on the 5th of August. He is a shoemaker, and is accustomed to drink lager beer. He was attacked suddenly with insensibility and paralysis of the right side of the body. There was at the time of the attack no rigidity of the affected side, and only a partial loss of sensibility.

Treatment.—He was purged freely, cups were applied to the spine and neck, and he was placed upon a low diet. In two weeks there was a little return of power in the leg and arm. To the relaxed state of the muscles of the paralyzed side there succeeded that curious rigidity which is usually present sooner or later in apoplexy. Toward the end of September he was able to walk about the house. His general health now, with the exception of moderate rigidity of the limbs, is excellent.

I have used the compasses to test the relative sensibility of the two sides of the body, as employed by Prof. Weber, and will apply the test again in your presence. You see that the answers given by the patient to the question, How many points do you feel? are very unsatisfactory. I have experimented with him and with others a number of times, and in most instances, as you see in this, have been able to come to no very definite conclusion. After two weeks he was put upon good diet, and has continued up to this time the following prescription, three times a day:

℞. Tr. ferri mur., gtt. xv.
Tr. nucis vom., gtt. x. M.

Magneto electricity has been applied to the paralyzed side with the decided effect of arousing up muscular action

I am unable to say what was the precise cause of this man's apoplectic stroke. His heart is healthy, and he is too young for atheromatous deposit in the arteries. The cause of apoplexy in the majority of old people is the deposit of atheromatous material in the arteries and capillaries of the brain, weakening their coats, the rupture of which gives rise to an effusion of blood into the substance of the brain, previously softened from deficient nutrition. In the young it is caused more frequently by the disengagement of embola, on which subject I dwelt in my last lecture, their projection into the current of the cir-

culation and arrest in the cerebral arteries, thus blocking up the vessels and bringing on an enfeebled nutrition and softening of the cerebral substance and effusion of blood. This is a case which Dr. Todd would class as one of white softening, followed by an effusion of blood into the softened spot.

And here I may say that apoplectic hemiplegia is divided by Dr. Todd as to its pathology into three classes. 1st. That variety in which there is simply paralysis, with or without coma, occurring *suddenly*, dependent upon softening, either without clot or with clot so small as not to exercise pressure on neighboring healthy parts of the brain, and accompanied with *a relaxed state of the muscles from the very first.*

2d. Hemiplegia with *early rigidity of the paralyzed muscles*, in which form the clot has not been preceded by softening, or has extended beyond the bounds of the softening, and has torn up, to a greater or less extent, sound brain, the rigidity being the result of irritative pressure upon healthy brain structure.

3d. That variety, also dependent on effusion of blood, in which there is at first a resolution of muscular force, and in which the stiffness gradually supervenes a long time after the paralytic seizure, and may succeed to the relaxed state of the paralyzed muscles, the rigidity here being due to an attempt at cicatrization at the seat of the original lesion, whether this has been simply white softening, an apoplectic clot, or red softening. Attendant on this there is a gradual contraction of the apoplectic cavity, which, acting on the neighboring healthy cerebral tissue, keeps up a slow and lingering irritation, which is propagated to the muscles, and excites in them a corresponding gradual contraction. This variety, *with late rigidity*, is that exhibited by this patient. From some cause a vessel in his brain has given way suddenly, a clot was formed, and now cicatrizing presents this curious state of spastic rigidity. I believe that he will never recover entirely from his lameness.

Case 2d.—A seaman, 25 years of age. Seven months after having yellow fever he was attacked in an outward bound voyage from New Orleans with paralysis of the right side. His health had been good previous to having yellow fever. He received no treatment on board ship, remained six months in a hospital at Antwerp, came to Boston on the 30th of June, and was admitted here on the 24th of September. This patient presents a different set of symptoms from the first case. He says that his limbs were rigid from the beginning. Whether he had coma or not I cannot say, as the attack occurred in the night. He has nervous tremors, which are said to attend irritation of the membranes of the brain; they annoy him by keeping him awake at night. He has a strong, heaving impulse of the heart, due to hypertrophy of that organ. Its sounds are not unnatural. The simple hypertrophy of the ventricles I believe to have been the cause of the attack.

Treatment.—He has improved since he came in. There is not now so much distortion of the face. He has had a tertian form of neuralgic headache, which was relieved by quinine. He is now on the use of the iron and nux vomica, with a good diet and the daily employment of the galvanic battery. From the tremors, I thought there might be some lurking meningeal disease, and as he has had syphilis, I have put him on the use of iodide of potassium.

Case 3d.—This is an old man, also a seaman, 66 years of age. His apoplectic seizure occurred April 30, 1857. He was admitted here on the 25th of last month. He became hemiplegic one day after returning to his house from work, while in the act of lifting up one of his grandchildren. Rigidity came on three days after the attack. It continues to a great extent, and, as is usual with this affection, is most marked in the arm. The flexor muscles are in a state of firm contraction; it requires considerable force to straighten his arm, and his fingers are clenched into the palm of the hand. This contraction of the fingers, and of the flexor muscles generally, is sometimes the result of functional disease of the brain. I have seen laryngysmus stridulus pass into it, and one striking case in an infant, where the cause was solely gastric irritation from unwholesome food, the contraction and rigidity of the muscles drew up its limbs so that the child looked like a partridge ready for the spit, and was removed as if by magic immediately after a wet nurse had been procured, and after various medicines had utterly failed to do any good. It was a case of contracture.

I have examined this man's arteries carefully. I think he has atheromatous deposits. His radial arteries are rigid as I roll them under my fingers. I cannot perceive the same condition in the temporals. There is, in his case, every reason to suppose an obstruction to the cerebral arteries, white softening and a clot.

The patient has improved, as to his general health since he came in. He has been on the same treatment as the last case. His improvement is owing, no doubt, to the good diet upon which he has been placed, and the care he receives. I have no hopes of his ultimate recovery.

Dr. M. closed this, his last lecture, with some valedictory remarks and a brief resumé of the general characteristics of the diseases which he had had the opportunity of bringing before the class, and the leading points in the treatment, with more extended remarks upon some particular cases, and upon the

advantages which the hospital afforded, both to its physicians and to the student, in its aggregations of diseases and the opportunities offered in post-mortem investigations, of verifying diagnosis in difficult and obscure cases.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Clinic of Dr. Alonzo Clark.

NOVEMBER 10TH, 1859.

Chronic Pneumonia.—The patient was a child between five and six years of age. It presented no remarkable symptoms, except dullness on one side of the chest. The child was sent to the clinic in order that it might be determined whether this dullness was dependent on pleuritic effusion, or infiltration of some morbid material. Prof. Clark made the following remarks:

This kind of a case is one that is generally denominated "*hepatization of the lung.*" I wish to say to you here, that hepatization of the lung is a chronic disease, and although you may hear a great deal of it, you will not meet with it very frequently in actual practice. The profession have, as a rule, a very vague idea with regard to the true meaning of this term. Consolidation of the lung, as a general rule, follows acute disease, such as pneumonia; it may also depend upon the infiltration of tubercular matter, or more rarely upon the deposit of cancerous material in the lung tissue. There is also an imperfect form of consolidation, resulting from a highly œdematous condition of the lung tissue, which occurs in consequence of some dropsical tendency or some acute changes, consequent, perhaps, upon miasmatic disease. This, however, can hardly be called consolidation of the lungs, although it gives dullness on percussion.

When you find dullness on one side or the other of the chest, the first question should be, whether there are any signs of acute disease? From the fact that this little patient has walked here to-day, and from the appearance of the countenance, it does not seem probable that he is suffering from anything like acute disease. The dullness in this case may arise from pleuritic effusion, or perhaps it may be caused by the presence of tubercular matter. In children this deposit may occur in the inferior portion of the lung; in adult life it takes place more frequently under the clavicle, at the apex of the lung. This fact was first ascertained by Louis, who derived his knowledge from observations made upon children under sixteen years of age in the Parisian hospitals, and has been amply verified by other observers.

Another cause of consolidation of the lung is the irritation produced by chronic pneumonia. This certainly ought never to be called hepatization. In chronic pneumonia, the effusion of plastic material takes place in the parenchyma of the lung, and in the course of time, becomes converted into a firm, dense tissue, whereas in ordinary acute pneumonia, its characteristic effusion takes place into the air-cells, converting the lung into a soft, liver-like tissue, whence the name hepatization. Chronic pneumonia is always very slow in its progress. It is a disease of pretty common occurrence. I say pretty common—I see perhaps three or four cases every year. It is an interesting fact, that these cases are almost always mistaken for tuberculous disease alone. The importance of distinguishing between them will be appreciated by you, by reference to a single case, which occurred in the family of a very distinguished physician.

The patient was a lady, who had very marked consolidation in the middle and inferior portion of one lung, and as some of the family had died of tuberculous disease, the father, of course, apprehended the most serious results from so large a deposit of what was supposed to be tuberculous matter, and hardly expected that she would ever recover. It was with this feeling that he asked me to see her.

On examination, I could find no tubercles at the apex of the lung. From this, and from the fact that the unbroken dullness followed slight symptoms of acute pneumonia, I gave it as my opinion that the deposit was not tubercular, but a pneumonia, produced, perhaps, by the irritation of tubercles, in other words, chronic pneumonia. She was put under treatment, and after some time, was finally restored to health. The recovery in these cases is very slow indeed, often taking months.

The dullness can hardly be distinguished from that produced by tubercular disease. There is this difference, however, between them: in a fair proportion of cases of chronic pneumonia we may confidently expect a recovery; but where we have a large mass of infiltrated tubercle, we look upon the case as much more incurable.

The question, however, for us to determine, is what produces the dullness in the patient before us. It is not likely to be caused by acute pneumonia. What is it then? It may possibly be caused by pleuritic effusion, possibly by tubercles, possibly by chronic pneumonia; but to ascertain all this, we must inquire into the symptoms.

(It was then ascertained that the child had been ill ever since last June, when it had scarlet fever. At that time it had a slight cough, which, however soon disappeared. Two weeks ago it caught cold; since that time it has been troubled with a rather dry and harsh cough, attended with very little expectoration. It has some fever, but as it does not

appear to be increased or diminished at particular times, it is not presumed to be hectic.)

Physical Examination.—The ribs are found to move perfectly naturally, one side expanding as much as the other, thus excluding, to some extent, pleuritic effusion. On *percussion*, no dullness was found posteriorly on the left side; the dullness on the right side, which is quite marked inferiorly, gradually decreases from below upward; there was not that sudden transition from dullness to resonance, which would indicate the presence of pleuritic effusion. *Auscultation* revealed a considerable amount of bronchial breathing just below the scapula, posteriorly; anteriorly, the breathing was nearly normal.

From this state of things, I am disposed to consider this case as one of pneumonia, rendered subacute and protracted by a scrofulous diathesis. Possibly the disease can be relieved by treatment, or it may, perhaps, result in further consolidation of the lung.

Treatment.—The treatment of any disease that is protracted, must be less heroic in proportion as it must be of long duration. In an ordinary pneumonia we expect, as a rule, to finish up the treatment in about nine days; all that the patient will require after that time is a little careful watching in regard to exposure. The active treatment is generally finished at the end of six days, and for the last three of the nine days we depend more upon careful management than any medical treatment. In a case, however, like this, where the disease has already continued over two weeks, and where there is no distinct evidence of resolution, our remedies must be proportionately mild. In this case I will advise dry cups, frictions over the chest, and perhaps a blister, although we do not as a rule apply blisters in children, and especially if they are of a scrofulous diathesis. Perhaps we might substitute for the blister friction with turpentine, applied as warm as the skin will bear it every ten minutes; after this has been repeated several times, the chest should be wiped clean and dry and covered with an oil-silk jacket, underneath a flannel jacket; then give a fair amount of good nourishing food. With this treatment our little patient will perhaps stand a fair chance of recovery.

Anæmia.—The patient is a young woman about twenty years of age, who supposed that she was the victim of some serious organic disease of the heart. She complained of palpitation of the heart and dyspnœa, which was most marked after moderate exertion, such as ascending a flight of stairs, walking rapidly, etc.

It was supposed, from her history and general anæmic appearance, and from the fact that she never at any time had had rheumatism, that her disease depended more upon some disturbance of the menstrual function, rather than upon any organic cardiac disease. On physical examination, the apex of the heart was found to be precisely in its normal position, three and a half inches from the median line, in the fifth intercostal space.

On auscultation, no murmurs, which would lead to the supposition that the valves were diseased, were found. Accordingly, a tonic course of treatment, consisting of iron and nourishing food, combined with judicious exercise in the open air, was advised.

Epilepsy.—Patient is a young lad, about twelve years of age, who, according to the history given by his father, was subject to "fits." The history was imperfect in so many respects, that it was impossible to determine whether these were of the epileptic variety or of the hysterical form, which, although more frequent in girls, are sometimes found in boys approaching the age of puberty.

The tongue presented no cicatrices, a circumstance which excluded, to a certain extent, a diagnosis in favor of epilepsy; besides this, no turgidness of the face or frothing from the mouth had been remarked by his parents. On the supposition, however, that these fits might be of the epileptic variety, a course of either the sulphate or the oxide of zinc was recommended, beginning, if the sulphate was used, with three or four grains, and gradually increasing up to eight or nine, three times a day, with a view of obtaining its beneficial effects as a nervous sedative.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by W. B. Atkinson, M. D.]

WEDNESDAY EVENING, OCT 12, 1859.

Dr. Coates presiding.

Subject for Discussion—PATHOLGGY AND TREATMENT OF TUBERCULOSIS.

(Continued from page 164.)

In respect to the treatment of tuberculosis, Dr. CONDIE had but little to say, excepting to record his unqualified dissent from the doctrine so strongly advocated of late years by a few physicians, that the most effectual means for the cure of tuberculosis, of the lungs at least, consists in active exercise, free exposure, without much attention to the state of the weather, or season of the year, a diet composed chiefly of fat meats, rich broths, and gravies, with free indulgence in fermented or distilled liquors.

Dr. C. was no advocate for the old system of treating tubercular consumption, or any other form of

tuberculosis, by confining the patient within doors, in a room kept day and night of a particular temperature, enveloping him in flannels, and feeding him on slops; nor for the more active treatment once in vogue, when consumption was ranked with the phlegmasiae, by bleeding, blistering, antimonials and mercury. He was not so certain, however, that cases of tubercular bronchitis or pneumonia may not occur in which a well timed application of cups at least, and repeated blistering, will not be found appropriate remedies, adapted to ameliorate urgent symptoms, and by keeping within bounds the inflammatory condition of the lungs, render greater the chance of an arrest of the existing disease. Dr. C. thought he had seen, in some instances, the application of dry cups to do good when any more positive depletion would have been inadmissible. Let this be as it may: Dr. C. was convinced, that, by forcing tuberculous patients to partake of too much and too rude exercise; by exposing them indiscreetly to cold and damp, and over stimulating them by too full and rich diet, and the free use of alcoholic liquors many have been hurried to their graves, whose lives might have been protracted, with a considerable amount of comfort and even enjoyment, by a more rational course of treatment. It is very true that many cases of pulmonary tuberculosis do occur, the advanced stages of which are attended with great prostration and that, under such circumstances, as full and nourishing a diet as the stomach will tolerate; with the moderate use of wine, malt liquor or even brandy, will be found to act beneficially, and to prolong the patients' lives.

While Dr. C. could not be induced to view rude and protracted exercise, free exposure to the open air, at all seasons and in all weathers, with a full nourishing diet, as means proper to be resorted to, in every case of fully developed tubercular disease, believing that under such circumstances, their effects would be rather injurious than curative, particularly in the form and with the complications under which tubercular disease of the lungs usually presents itself in this climate; he was, nevertheless, well persuaded that these very means, in conjunction with proper clothing, warm bathing, and frequent dry friction of the skin, are those best adapted to counteract to a very great degree, if not to eradicate the tubercular diathesis, in cases too in which this is strongly pronounced. Even in those instances in which we have good reasons for concluding that the formation of tubercles had already commenced in the lungs, daily active exercise in the open air, a full and nourishing diet, and cheerful but not too intense or prolonged mental occupation, are the means from which the most good is to be anticipated. It being always kept in mind, however, that tuberculous subjects are particularly subject to the morbific influence of cold and dampness, as well as of over-fatigue, in order that they may be protected from the one, appropriate clothing during exposure to the weather and the occupation of clean, dry, well ventilated apartments, of sufficient warmth, when in doors, should be insisted on, and from the other, the amount, kind and duration of the exercise should be always carefully adapted, to the ability of endurance in the patient.

In favor of the curative powers of the cod liver oil in cases of tuberculosis in the adult subject, Dr. C. could not bear any favorable testimony. He had employed the article, from its first introduction, in nearly every case of tubercular consumption that since then had fallen under his notice, and that fully and faithfully, but he could not say that he has found it to cause those beneficial effects either in the arrest of the progress of the disease, or in the decided amelioration of its symptoms that have been ascribed to the article in cases of pulmonary consumption, by some high authorities. In the case of infants and young children of a tuberculous diathesis he had, however, found the diligent use of the cod liver oil to produce wonders. Under its administration he had seen take place what appeared to him an entire renovation of the constitution in his little patients and that of a permanent character.

In respect to the curative powers of the hypophosphites in tubercular affections, Dr. C. had not had sufficient experience to enable him to speak with any certainty.

Facts have been recently adduced to show that an intemperate life is adverse to the occurrence of tubercular disease, at least of the lungs—it being found, it is said, that the bodies of habitual drunkards rarely present, when examined after death, a trace of tubercle. Upon these supposed facts has been based the proposition to resort to the free daily use of alcoholic drinks, not merely to prevent the occurrence of tuberculosis, but to effect its cure when present.

Dr. Condie did not believe in either the preventive or curative powers of alcohol in tubercular affections. Evidence the most unexceptionable can be presented to show that a life of drunkenness is by no means a safeguard against the occurrence of pulmonary consumption, or of the deposit of tubercle in any of the organs or tissues of the body. That those who partake daily of alcoholic drinks are as prone, if not more so, to the occurrence of tubercular disease, as those who abstain entirely from their use, is a fact susceptible of the clearest demonstration. That, on the other hand, these drinks have no specific therapeutic powers in tuberculosis, has, we believe, been very fully shown by, among other facts, their very extensive employment in cases of consumption, at a former period, when this disease was inscribed upon

the list of diseases resulting from or attended by debility.

There may, unquestionably, occur cases of tubercular disease, or, at least, there may be special circumstances connected with it, or certain stages of particular cases, when, from the symptoms of extreme exhaustion present, a remedy is required to rouse and sustain the patient's strength; alcoholic stimulants, cautiously administered, may then be proper and even necessary.

The loose general terms in which a free use of fermented or distilled liquors has been recently proposed as a remedy for tuberculosis, would, Dr. C. feared, lead to the most disastrous consequences. There is in many persons a proneness, when once a taste for intoxicating drinks has been acquired, to indulge in them to excess. In such, even moderate stated doses of alcoholic stimulants will speedily create habits of confirmed intemperance. It will not do, in the face of known facts of every day occurrence, in every community, to say that the danger here alluded to is an imaginary one—unfortunately it is too real. And when we consider the misery which intemperance inflicts upon not only its victims, but, through them, upon families and friends, and the community at large, more humanity, it appeared to Dr C., would be displayed towards the consumptive, by allowing his disease to pursue its usually fatal course, than to entail upon him the curse of an intemperate life, in our efforts to cure him by the administration, day after day, of intoxicating drinks.

In conclusion, Dr. C. remarked, that almost every question in respect to the etiology, pathology, and proper treatment of tuberculosis, is an open one. Little, if anything positive, is known in relation to any one of them. The disease in all its bearings remains a subject for future, and more full and accurate investigation. It is one adapted to yield, he was convinced, the most interesting and important results to whoever, possessed of the necessary qualifications, opportunities and time, is willing to undertake the task.

Dr. Bell said, that in listening to the remarks of Dr. Woodward, introducing the subject to the notice of the Society, he thought of the objections which some are always prone to make, whenever pathological anatomy and histology are the themes. In the present instance he cannot refrain from expressing his gratification with the paper of Dr. Woodward, who has treated the subject succinctly, learnedly, and yet without pedantry. There is a closer connection than is generally admitted, between the pathology and the treatment of pulmonary tuberculosis. At one time, under mistaken views of its being the result of inflammation, and of what were really either epiphenomena or intercurrent affections, such as pneumonia and pleurisy, the depleting and reducing practice was carried out, often to a great extreme. Now that we know the formation of tubercle to depend very largely on depraved digestion and imperfect haematosis, we avoid this false treatment, and have recourse to remedies of a very different kind Although we may remain ignorant of the proximate cause of tuberculosis, there is still a large class of remote as well as determining causes which require a close scrutiny, and in the proper appreciation of which much of our success, in the prevention if not in the treatment of the disease, or a change in the diathesis, will depend. Among these, the conditions of atmosphere, represented by seasons and climate, figure very conspicuously.

Dr. Bell stated, that when yet a youth, in Virginia, he read in, he thinks, Coxe's Medical Museum, of relief having been obtained by some English consumptive patients, from their going over to Holland and breathing the damp, marshy air of that country. The theory was, that those persons whose lungs were supposed to be in a state of high irritation, and probably also of inflammation, would be benefited by breathing a reduced atmosphere, moister, and containing a larger proportion of carbonic acid than the air of the plains, and *a fortiori* of the mountains. At a later period, Norfolk, from its proximity to the Dismal Swamp, and its low situation, acquired temporary vogue for the same reason. The reputation of Pisa as a winter residence for invalids, was long attributed to this cause. Within the last few years a French army physician, M. Boudin, generalizing his views from facts of this nature, lays down a theory of what he calls the antagonism between phthisis pulmonalis and intermittent fever, and asserts that the cause of one of these diseases, as, for instance, malaria or marsh air of periodical fever, is curative of the other, or consumption. Such a theory is too limited in etiological explanation, and is not supported by extended observation. Marshy or low lying regions do not, by any means, give their inhabitants immunity from consumption, as claimed for them by Boudin.

From an early period, great faith has been put in the sanative effect of sea air in this disease, especially that of mid-ocean, in warm latitudes. Dr. Bell related an early lesson which he got from a case that came under his care. The subject was the first mate of a Philadelphia ship, of which Dr B. was surgeon, on her voyage from Canton to Rotterdam, 1818—'19. This person, by birth a Virginian, was seized with hemoptysis off the Sandwich Islands, on the passage from South America to China. The immediate cause was a chill and suppressed perspiration in the evening, after great previous fatigue encountered in aiding to get the vessel off a reef on which she had grounded. This person, when first

seen by Dr. Bell at Canton, was obliged to keep his state room, owing to exhaustion caused by hectic fever, cough with copious purulent expectoration, and night sweats. But little medicine was prescribed, and he was encouraged to hope for great relief when he got out to sea. The vessel sailed before long, but the China sea was traversed without his experiencing any benefit. Dr. B. held out the prospect of a better state of things when they should get fairly at sea, beyond the reach of air from the islands and the variable winds about the time of the change of the monsoons, in the China sea. But the straits of Sunda were passed, and the vessel ploughed her way through the Indian ocean, without any amendment in the state of the patient. The south-east trade wind, refreshing and grateful to all those on board, failed to soothe or refresh the invalid, whose movements were limited to a visit to the cabin, where he would sit during a portion of the morning.

His diet was for the most part vegetable, consisting of ship-biscuit, rice, sago in abundance, and potatoes. Learning that he had previously suffered from excesses in the use of distilled liqnors, every alcoholic stimulant was withheld from him. The Cape of Good Hope was doubled, and the trade wind again reached, but neither the south-east, nor the north-east, blowing over the broad Atlantic, had any genial influence on the patient. In the interval between losing the first and gaining the second of these "trades" or while crossing the equator, he suffered greatly from the extreme heat and calms always prevailing in those latitudes, in which the vessel seems to drift apparently without direction or progress, as if the lay of the "Ancient Mariner" were to be inevitably realized. "When we were off the Azores," says Dr. Bell, "I was very desirous that our vessel should stop at Fayal and land our consumptive patient, under the hope that he might be benefited by the climate of this island and escape his otherwise inevitable doom if he encountered the bleak winds and chilling humidity of the atmosphere of the English Channel and the German Ocean." But the captain was afraid that his insurance would be affected by a stoppage at a port not called for by stress of weather or want of provisions, and he held on his way to the first place called for by his instructions, viz: Cowes, Isle of Wight, where he would be told by the London house of his final destination. This was Rotterdam To the surprise of his doctor, the sick mate was so much better when the vessel anchored at Cowes that he was able to come on deck, and move about with a readiness he had not displayed for eight months previously; and this during a season (the spring) more than usually trying by the long continuance of easterly winds and the prevalence of influenza. In the period of a few days, while crossing the German Ocean from England to Holland, Dr. B. suffered more bodily distress from catarrh and pains of the limbs, owing to this atmospheric constitution, than he had done during the whole five months and a half passage from Canton to Cowes. His patient, on the contrary, as if to set all former climatic creeds at defiance, continued to mend, and when the vessel reached Rotterdam, he was able to do ship duty and to take his turn as officer on deck. During the month that elapsed before the vessel's sailing for the United States, and Dr. Bell's laying down his office of surgeon, this person continued to improve, although still troubled with cough and abundant expectoration. Of his subsequent history the speaker knows nothing. It is well to state, that this man, so soon as he was able to come on deck, and especially after his resuming ship duty, began to take his grog and ate at table, with the rest, things tolerated but not prescribed by Dr. B.

Analogous experience on a larger scale going to show the fallacy of the prevalent belief in the superiority of warm over cold climates in the treatment of consumption, was furnished by Dr. Sinclair, a navy physician in the British fleet in the Mediterranean, during the long war between France and England. The writer tells of the frequency of the disease among the crews of the vessels of war cruising in that sea, and the rapidity of its course. He compares the crew of a ship of the line on the Mediterranean station with the crew of another vessel in the German Ocean, during the winter months; and shows that the latter suffered much less from phthisis than the former. Then came the observations of both English and French physicians on the deleterious climatic influence of some of the West India islands on the disease. Dr. Chisholm, speaking for Antigua, and at a more recent period Dr. Rufz for Martinique, may be cited to the same effect. Still more extensive statistics published by the English government on the great mortality from phthisis among their troops in that quarter of the world, showing that the deaths were as numerous in proportion to the entire force as among the Horse Guards in London, would, of themselves, convince us of the fallacy of the received opinions on medical climatology.

At one time we were told that a residence on the sea coast was injurious to persons who were either predisposed to or suffering from tuberculosis, owing to the mixture of the sea and land air; but, in reply, we would ask, are not nearly all the favorite spots for consumptive invalids thus situated—such as those on the southern coast of France and on the western one of Italy, and the island of Madeira? It is alleged, however, that in such places the exposure to the southern and western winds has a sanative tendency not possessed by those exposed to the winds from

the east and from the north. "Here again," continues Dr. Bell, "I received a good practical lesson, a few years after my coming to Philadelphia. It was in the case of a connexion of mine, a Market street merchant, who was predisposed to phthisis, and who many years subsequently died of it, in the interior of the State. At the time of which I speak he complained most of dyspepsia, and suffered from hypochondriasis, paying, however, frequently the tax of bronchial disorder. In the middle of a winter this gentleman consulted me about his going to the Jersey shore, and taking two or three weeks holi day, in fishing and boating, &c. Of course I protested against his doing so, and gave the customary reasons, going to show the danger he would incur. On his replying, however, that he had made similar excursions in former years, and had returned home much benefited, I gave a reluctant consent. He went to the shore, staid out the time proposed, having boated, and fished, and shot some game,—roughed it, as the phrase is, in every way, including hearty meals of salt pork and corn bread. He was always abstinent from the use of ardent spirits and indeed of all alcoholic liquors. On his return, to my agreeable surprise, I found him every way better, and the gainer even of some flesh." One need not expatiate on the nature of the climate of the sea coast of New Jersey, during the winter, nor of its searching east wind.

After speaking of the frequency and rapid course of phthisis in warm and even tropical climates, it is not necessary to say how fearful a scourge it is in what are called, by an odd misnomer, temperate climates, such as our own. But the fact is not generally known, that, in proportion as we advance to the north, we find the disease to be of less frequent occurrence. In Canada, Newfoundland, Nova Scotia, and New Brunswick, the proportionate mortality among the British troops stationed in those colonies is not more than one-half of that which is met with in Great Britain, on the one hand, or in the West Indies, on the other. A similar gain is said to be exhibited in favor of the troops of the United States in the northern posts. Phthisis is less fatal in Scandinavia and northern Russia than it is in central and even southern Europe. In Iceland, the inhabitants of which live in one of the most ungenial climates in the world, and where food is poor and insufficient, the disease is scarcely known. But, to show the extreme difficulty of the problem of the etiology of consumption, which we have yet to solve, we are told that the disease is quite common in Greenland. But a few years ago the living on a mountain elevation, the air of which is cold and rarified, would have been thought a very rash step for a consumptive invalid, especially if he had suffered from spitting of blood. We had forgotten, however, the fact that the monks of the Great St. Bernard never have tuberculosis, and we had to learn that the inhabitants of the mountains of Hartz, Thuringia, and the Black Forest, living at the height of from 5,000 to 6,500 feet above the level of the ocean, enjoy a similar immunity. In South America, consumption is not mentioned among the diseases of St. Louis de Potosi. Dr. Tschudi, after five years residence in Peru, and Dr. Smith, after nine years, agree in saying that this disease, which is quite common on the sea coast, diminishes in frequency and becomes of rare occurrence as the height of the country increases, or from 5,400 to 10,000 feet above the ocean. Dr. Nichols, during ten years practice in Paz, a city with 40,000 inhabitants, and at an elevation of 12,000 feet, did not see a single consumptive patient. It is almost unknown at Quito, placed under the equator, but at a height of nearly 9,000 feet. Humboldt had written, now several years since, that the city of Mexico, at an elevation of 7,300 feet, was nearly exempt from the disease. M. Lombard's observations, while confirming the opinion of the salutary influence of elevated regions in phthisis, would seem to show, however, that this only begins at a height of 3,200 feet, and that at less elevations, as from 1,200 to 1,500, the disease is more frequently met with than in lower regions. Tuberculous affections are represented to be much more common in the mountainous districts of the canton of Zurich, than they are on the borders of the lake.

It is worthy of remark—and herein most probably consists the drawback to a northern residence for consumptive invalids,—that acute pulmonary inflammation—bronchitis, pneumonia, and pleurisy, is of far more frequent occurrence in a mountainous and cold climate than in a warm southern one; which, while in a great measure exempt from these affections, exposes its inhabitants in a larger measure to tuberculosis. In these facts we find a clear proof of the special character of phthisis, and of its development not being dependent on acute pulmonary inflammations.

As relates to the strictly medical treatment of pulmonary tuberculosis, Dr. Bell had little to say. He has at times, as every medical man must have, found himself embarrassed in knowing what to do, when, in a case of this disease, and especially towards its latter stage, pleurisy or pneumonia is met with, and sometimes both united. Failing to abstract blood, there is danger of immediate fatal results; and, on the other hand, depletion in this way aggravates the tuberculosis, and increases the morbid deposit and formation.

He could not express any definite opinion of cod liver oil. In common with other practitioners, he had prescribed it, and urged a persistence in its use, but he has not seen a case of phthisis cured by the administration of this article. There would seem to be sometimes a suspension for a longer or shorter period.

The same may be said of the hypophosphites. He adverted to a case in which, after an attack of lobular pneumonia, the symptoms of phthisis were clearly manifested—cough, purulent expectoration, a very frequent pulse and night sweats. Without undervaluing the aids furnished by the microscope in ascertaining the existence of tuberculosis from the sputa, Dr. B. believes that one is seldom deceived in the appearance of the matter brought up by expectoration, when examined merely by the naked eye. The physical signs in the above case pointed clearly to incipient softening of tubercle. The treatment, after a subsidence of the inflammatory symptoms, consisted in the use of cod liver oil and the phosphites, nutritious food, claret, the wine preferred by the patient for drink, and free exercise in the open air. The last, and most important part of the advice has been imperfectly followed. The patient, now about fifteen months under treatment, attends to his business, lost long ago his night sweats, and although plagued with cough, particularly in the night, may be said to enjoy average health. Has his disease been arrested by the use of cod liver oil and the phosphites? Dr. Bell dare not answer in a positive manner.

He has had under his care an individual who has hereditary predisposition to the disease, and who is the only surviving member of the family Threatened many years ago with the disease in due form, it has been successfully warded off by active exercise in the open air, whether the weather were pleasant or cold and rainy. Extensive experience in different countries shows beyond question the much greater liability to phthisis of those who lead an indoor life, and are pent up in close and badly ventilated rooms, than of those who spend much time in the open air, even though they are exposed to many hardships, are badly fed, scantily clothed, and sleep in close or in very open rooms.

In carrying out the dietetic course now in vogue, viz; abundant alimentation, and the free use of alcoholic liquors, among which ardent spirits figure prominently, we must bear in mind the fact noticed by the cautious Louis, that the stomach and intestines are, in a large majority of cases, the seat of inflammation, softening or thickening, with ulceration, circumstances which must modify not a little, the stimulating treatment. At any rate, it is not within the range of probability for the digestive canal, in such a morbid state, to be able to convert into chyle, and separate residual fecal matter as completely and regularly as a healthy stomach and bowels would do. And yet we see nutritious meats and culinary mixtures, condiments and stimulating drinks of various kinds, swallowed by the consumptive invalid, which could scarcely fail to cause gastric and colonic dyspepsia in the healthy and even robust subject. The evidence ought to be very clear in favor of the free and prolonged use of strong alcoholic drinks; and that evidence is still wanting to prove either its superior prophylactic or therapeutical properties, in the face of the world wide experience of the destructive effects of such a course, by inducing a habit of drunkenness, and its innumerable concomitants of physical and moral ills.

Adjourned.

ALBANY COUNTY (N. Y.) MEDICAL SOCIETY.

The fifty-third annual meeting of the Albany County (N. Y.) Medical Society was held Nov. 9, the President, Dr. Williams; presiding. There were a goodly number in attendance, and the utmost harmony prevailed.

The following committees were appointed:

On New Thereapeutic Agents—Valuable Accessories to the Materia Medica, originating with Hahnemanic Practitioners—On Public Hygiene—To Secure Mortuary Statistics in the City of Albany—On Medico-Legal Testimony—Testimony at Coroners' Inquests—County Asylum for the Insane—Comparative Value of various Anæsthetic Agents, and mode of death from their uses—Cases of Poisoning—Surgery—Pathology—Diseases of Women and Children—Diphtherite.

Of the committees appointed, two are specially important--the one on Public Hygiene, and the other To Secure Mortuary Statistics in the City of Albany. The first is composed of Drs. Bailey, Quackenbush and Vanderpoel; the latter, of Drs. Vanderpoel, Cogswell and Swinburne. Albany has no ordinance requiring mortuary registrations. It is hoped that, in the hands of this committee, this important object will be accomplished.

The subject of the Anniversary Address by Dr. Willard was, "The Importance of Mortuary Statistics: as an index to the fatality of diseases; as a stimulus to sanitary measures; as affecting the growth of cities, regarding the great and unnecessary sacrifice of life, in the accomplishment of civilization a mine of infinite wealth wasted, whether viewed in the light of natural increase of population, in the loss of mental and physical labor, or in the influence such a population, if saved, would exert, as artizans, manufacturers, scholars and philanthropists."

Dr W. then referred to the difference in the sanitary regulations of New York and Providence, in their results. In the former city, the death ratio is one in 27; in the latter, one in 54. He then spoke of the favorable situation of Albany, as propitious to gain exemption from a large mortuary record, but of the impossibility of tracing, with its increase

of growth and prosperity, the character of its diseases, with their types and modifications. He spoke, also, of the great neglect of sanitary regulations in Albany, and pointed out, in pertinent language, some of the existing violations of public hygiene.

In conclusion, Dr. Willard paid a brief and appropriate tribute to Professor Tully, a former member of the Society, who has deceased within the year; making, also, a chaste and beautiful allusion to Dr. Tully's preceptor, the late Dr. Mason F. Cogswell, of Connecticut, both enthusiastic in achieving fame for the profession; the former ever diligent in gaining to it scientific distinction, the latter, though always engaged in its ordinary duties, developing schemes of national philanthropy.

The address, throughout, was one of great interest. It was received with attention and marked approbation. By a vote of the society it was ordered to be published.

Dr. William F. Carter, of Cohoes, was elected President for the year ensuing.

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Transverse Movements of the Forceps.—In the discussion, by the *Gesellschaft für Geburtshülfe*, at Berlin, (*Monatsschrift f. Gbrtsk. u. Frauenkr. August*, 1859,) following Dr. Kristeller's remarks on transverse movements of the forceps, (presented to our readers in a late number of the REPORTER,) the society generally agreed entirely with the doctor in the opinion that these motions, as recommended in schools and text-books, lead the beginner oftener to improper than to successful attempts at extraction, but thought that they might sometimes be employed with great benefit. The physician, conscious and watchful of the end to be obtained, should make such movements not blindly, rudely or indiscriminately, but only carefully and to a limited degree, experience having too sadly taught how easily the extremities of the instruments may do great mischief during these motions. Dr. Martin especially laid great stress on the injuries often done by moving the forceps pendulum-like. He condemned the method as irrational, and rejected it entirely. He claimed that the obstetrician should obtain the most exact knowledge possible of the size and particular form of the pelvis in each individual case, as well as of the relation in form and position of the fœtal head—then, with due consideration of the mechanismus partus, perform constant, gentle, regular and efficient traction (of course with intervals) corresponding to the combined circumstances of the case.

EDITORIAL DEPARTMENT.

Periscope.

New Method of Removing Naso-pharyngeal Polyps, by M. MAISONNEUVE.—All modern surgeons have recognized the difficulty that attends the extirpation of fibrous polyps of the pharynx. Difficult to reach, to seize, to extirpate, and to destroy the pedicle, the operation is one of the most embarrassing as well as perilous, in surgery.

In the beginning of the last century, (1717) Manne, of Avignon, proposed to render the polyp more accessible to the surgeon by splitting the soft palate in its median line through the free border; and of this operation there are three modifications. 1. That of Nélaton, which arises in the simultaneous division of the soft palate in toto, and of part of the hard palate, with loss of substance of the latter. 2. The operation of M. Richard, which attacks the hard palate only, and destroys the polyp by repeated cauterization; and 3. The operation proposed by M. Maisonneuve, which he terms the *palatine button-hole*, and which consists in limiting the incision in the soft palate to a simple button-hole, extending from the hard palate to nearly the inferior border of the uvula, thus affording an opening sufficiently large to allow of the tumor being seized and drawn into the mouth, either wholly or in part, and then removed by ligature or excision. The fact of the soft palate not being divided in its whole extent, allows of the ready union of the wound, an idea derived from the operation of staphyloraphy, where it is known that if the lower suture point holds, the union will be complete. Although M. Maisonneuve claims this operation as his own, it is not so in reality; the idea having been proposed by M. Botrel in 1850, who divided the hard palate but left intact the free edge of the soft palate.

During the last ten years the cloud that overshadowed our knowledge of the true pathological anatomy of fibrous polyps of the pharynx, have been cleared up, (thanks to the labors of M. Nélaton and his pupils,) and it is now pretty thoroughly demonstrated that the principal pedicle of these tumors is always inserted in the base of the brain, at the top of the inferior face of the basilar process, and of the body of the sphenoid, in a region corresponding to the superior wall of the pharynx; consequently their removal by means of the natural openings becomes an uncertain and troublesome proceeding, and a preliminary operation

renders it simpler, surer, and less perilous. But the two steps of the operation should not be performed at the same time, and even after the tumor has been removed, the opening should be preserved patent for a certain time, to insure a complete ablation of every part of the pedicle, and to admit of an early interference in case of the disease reappearing, as but too frequently happens in this unhappy disease.

The *palatine button-hole* has been utilized by M. Foucher, of Paris, as a means of exploration as well as an auxilliary resort in the diagnosis and treatment of organic diseases of the pharynx.

The operation is a bloody one, and calculated to intimidate a nervous operator. Still it may in many cases be of service by allowing the application of the actual or potential cautery to the pedicle of the polyp, and thus preventing the return of the disease, an occurrence that we always look for after the ordinary operation.

Preservation of Microscopical Preparations.—The following mixture is proposed by Dr. Pacini for the preservation of blood globules, of nerves, ganglions, of the retina, and of the white tissues generally: Protochloride of mercury, 1 part; chloride of sodium, 2; glycerine, (250 Baumé) 13; distilled water, 113 parts.

Version by one Foot.—Dr. J. Kuhn (*Gazette Médicale de Paris*, No. 23, 24, 1859) gives nine cases of turning by one foot, and strongly recommends the operation, offering, in conclusion, as the result of his own experience and that of many others who followed his method, the following propositions:

1. Version by one foot is an operation always free from danger to mother and child.

2. It is easily performed, and requires but little time.

3. It deserves, as a simple and harmless method, always to take the place of version by both feet; the latter operation to be entirely excluded from obstetric practice.

Removal of an Undescended Testis has been lately performed by Mr. Curling, on account of long-continued pain in the gland and aching in the loins. The testis was found to be atrophied, and did not appear to contain any secreting structure. No spermatozoa were, on microscopical examination, discovered in its fluids. Mr. C. stated that the undescended testis is frequently in a state of atrophy, and functionally useless.

Reviews and Book Notices.

Gustaf Von Düben's Treatise on Microscopical Diagnosis. With 71 engravings. Translated, with additions, by Prof. Louis Bauer, M. D., M. R. C. S. Eng., &c. New York: John Wiley, 56 Walker street. 1859.

Such works as this are the legitimate offspring of those profound investigations into minute morphology which improved optical instruments have rendered possible during the last few years. Doubtless the exaggerated and misdirected expectations of a few enthusiasts, as to the practical results of these studies, have been very much disappointed. Microscopic investigation has not superceded all other modes of acquiring medical knowledge, and, in fact, never will. The anticipated area of microscopic diagnosis has proved narrower, as yet, than was at first hoped. Yet nothing is better demonstrated than that, among the several means of studying disease, minute observation should occupy a high place; and this place must be maintained, not as antagonistic to other means of clinical investigation, but in connection with them, the several modes of studying the morbid processes mutually expounding each other. Our author, therefore, very correctly states, in his introduction, that "to place implicit reliance upon the microscope, to the exclusion of other channels of observation, would lead to as much error and disappointment as would its total neglect."

But, on the other hand, the neglect of the aid furnished by this instrument in diagnosis cannot but lead to constant embarrassment in cases of the highest importance, and we do not hesitate to affirm our belief that the microscope furnishes a powerful auxilliary to diagnosis, which ought not to be neglected by the conscientious physician.

It is not, we conceive, necessary that the physician should be an accomplished microscopist, acquainted with all the technicalities which are necessitated by splendid and costly apparatus, in order that he should derive constant benefit from this source. An instrument good enough for all his ordinary wants can be obtained at a price which puts it within the reach of all, while its simplicity of mechanism renders it available with a comparatively small expenditure of time and trouble.

It is especially to guide those who desire to avail themselves of this mode of diagnosis, without entering into it with unnecessary minuteness, that the present work is intended; and, to meet this want, a treatise was imperatively demanded. Beale's excellent work,

(The Microscope in its Application to Practical Medicine,) did not supply this want, for while it covered the ground to some extent, it contained a great deal of matter which, although of the highest interest to the microscopist, had not yet been practicalized for the benefit of the physician, and consequently was embarrassing to those who sought to acquire merely so much knowledge as might be of daily use.

That the work of our author was felt, to a certain extent, at least, to supply this deficiency, is shown by the popularity of the original work, and of its translation from Swedish into German, by Dr. Tutschek. For ourselves, we recommend it with great pleasure, and especially to the class of practitioners above alluded to, and those whom the American translator calls, in the preface, "incipient microscopists."

At the same time, we are compelled to say that the work does not nearly cover the whole ground of the applicability of the microscope to medical and surgical diagnosis. It is limited to a brief account of the vegetable and animal parasites existing in connection with the human skin, of the pathological conditions of the blood and milk, and a more extended description of the morphological conditions observed in disease in the several visceral evacuations, to wit: the liquids of the oral cavity, sputa, vomited and regurgitated matters, discharges per anum and from the uro-genital organs. The surgical aspect of the subject is to a great extent ignored, no allusion being made to the minute structure of the several tumors, or of the liquids discharged from chronic abscesses or cysts supposed to be such, and many other matters, often of the highest diagnostic importance.

Nor is the book a guide, in any sense, to that knowledge of the minute conditions of pathological changes which has rendered the microscope an indispensable accessory at autopsies. We might also find fault with the great brevity of the account given of the morphology of the urinary deposits, and the complete absence of any mention of those micro-chemical tests by which the nature even of simple crystals can be recognized in doubtful cases. Yet these are sins of omission, and not of commission, and the little volume will prove, doubtless, most instructive and useful, so far as it goes, to those for whom it is designed. A specimen section on "lungs and sputa" will be found, reprinted from advance sheets kindly furnished by the publishers, in our number for July 30, 1859.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 19, 1859.

REMOVAL.

In order to accommodate the rapidly increasing business of the REPORTER, and relieve the editors of much labor in connection with the publishing department of the work, we have found it necessary to take an office, where the business affairs of the work will be attended to by a competent person, whose whole time will be devoted to it.

This office has been located at *No.* 108 *South Eighth street, a few doors below Chestnut street,* in a part of the city that will be easy of access to both our city and country subscribers and friends.

The editors will always be glad to receive calls from the patrons of the work at their offices, which are very easily reached, with little loss of time.

CERTIFICATES TO QUACKS.

Respectable members of the medical profession have so often been made the tools of quacks, that it is surprising that they do not learn caution. Time and again we have cautioned them against yielding to solicitations, however plausibly they may be presented, for their signatures testifying to the harmlessness or usefulness, or what-not, of recipes which have been submitted to their inspection, or to the character or standing of a practitioner who has an axe to grind in the shape of a "favorite prescription which he wishes to introduce to the notice of a few friends." It is right to be suspicious of *any* practitioner who seeks a recommendation for a favorite recipe, or of character, standing or ability, in connection with or relation to any special branch of medicine, unless those cases where applications are made for public appointments may be regarded as exceptional ones.

We have two cases in point. A correspondent in Kentucky encloses to us a newspaper advertisement of a roving oculist and aurist, heralded by a long, ingeniously prepared, and unqualified recommendation of his character and abilities which closes as follows:

"His scrupulous conformity in his professional intercourse to the established principles of ethics, the general satisfaction he has given in the circle of his practice, and his candor

and readiness to communicate and confer with any members of the regular profession, entitle him to their full confidence and encouragement.

"I feel assured that, as a christian gentleman, such considerations will be awarded to him."

This recommendation is signed by C. H. Spillman, M. D., "formerly President of the Kentucky State Medical Society," and concurred in by six other physicians of Harrodsburg, and one of Perryville, Ky. Our correspondent informs us that the advent of this pretender was announced in the town where he resides by "tri-colored posters hanging in the taverns, bar-rooms, and on the street posts, announcing in flaming capitals of red, yellow and blue, '*All* diseases of the Eye cured,' with an immense figure of a blood-shotten eye—'Deafness cured,' with a mammoth something, supposed to represent an ear, in the middle of the poster."

Now, we are unwilling to believe that Dr. Spillman and the other physicians of Harrodsburg supposed, when they gave this pretender their recommendations, that he was going to make the use of them that he has done. The most charitable supposition is, that he deceived them in some way, and having obtained possession of their names, has thus taken advantage of them. If otherwise, however, we must, as public journalists, recommend their case to the Kentucky State Medical Society and the American Medical Association.

The other case referred to is found in a lengthy advertisement of the hypophosphites, which a correspondent sends us, taken from a Newark (N. J.) paper. Whatever claims the chemical preparation that passes under this name may have to therapeutical value, there is no excuse for medical journals and medical men, who so demean themselves as to lend the influence of their names in support of the pretensions of a quack medicine broker in New York, who is resorting to the lowest of the arts and tricks of quackery to force this remedy upon the public. Among the recommendations prominent in this advertisement is one from Dr. D. M. Reese, of New York. We would fain hope that it was obtained by deception, but taken in connection with other recommendations of a like character from the same source, we are led to conclude that it was voluntarily given, in spite of the renewed ethical obligations implied in his submission to the rebuke of the American Medical Association at Washington last year.

ANNUAL MORTALITY OF PHILADELPHIA.

We have received a neatly printed sheet, which has just been issued by the Board of Health, containing a statement of the deaths in our city, for 1856. This issue, we understand, will be followed in a few weeks by similar statements for 1857 and 1858, which will complete the series that has been interrupted for three years through the negligence of former Boards of Health. We learn, also, from Dr. Jewell, a member of the Board, who has been indefatigable in his efforts to fill up this hiatus and to have the work continued, that the statement for 1859 will be ready for the press at an early day in the approaching new year.

This is the only official record of deaths in our city, and it is gratifying to know that we have an efficient Board of Health at the present time, who fully appreciate the importance of these statistical documents as a public record, and who are disposed, not only to furnish them regularly hereafter, but in every other department connected with their office, to carry out our health laws.

This annual statement furnishes the whole number of deaths, the names of the diseases, and the ages at which the deaths occurred. The still born, the male and female deaths, the total of those under twenty and those over twenty, together with the deaths in each week and in each month throughout the year.

The births are also appended, but a foot note informs us that the total is defective, as full returns were not made to the health office during that year.

Copies of this statement may be had by those who take an interest in mortality statistics, on application in person, or by letter addressed to the clerk of the health office, Sixth and Sansom streets.

HOMŒOPATHIC PHILOSOPHY.

The following, from the *American Homœopathic Review*, is a fair illustration of homœopathic reasoning:

"Medicines in doses so small as not to be perceptible to the sight or touch, even on the healthy economy produce decided and permanent impressions. Now let us see in what ratio the susceptibility of an organ is increased by disease, or how much more impressible it is than when in health, and then we shall have the ratio by which the dose, even of these imperceptible medicines, should be diminished in order to produce a like impression.

Take the first example from the external. The hand when healthy, with proper surroundings, may bear the weight of three hundred pounds upon it, without injuring a tissue or causing severe pain. But let it become diseased, let all the muscles, nerves, tissues, etc., be brought to a high state of inflammation, such as we constantly see by tumors, boils, and other local or constitutional affections, and what is the condition then? The sensibility is so far increased that the weight of a feather cannot be borne, even half a grain of the softest substance is really painful to the touch. This is not imaginary; it is not the raving of a deluded fancy, but something which every one knows who has experienced these ills. What part of three hundred pounds is half a grain? It is 13,456,000th part of it. We find, then, that these tissues, which, when in a normal condition will bear a certain impression, when they are excited by inflammation they will only bear 13,456,000th of that impression. This brings us unavoidably to the logical deduction, that where in health one grain of medicine has only a moderate action, when diseased the 13,456,000th of a grain will produce even a painful sensation."

The therapeutic application of this logic would be as follows: If in health the bowels would be freely evacuated by ten grains of the extract of colocynth, then when constipated, being as above, more impressible by disease, they would be moved by the one-millionth of a grain: if three grains of opium would in health produce sleep, then when the brain is more impressible, as in nervous irritation, delirium, tetanus, hydrophobia, etc., the decillionth of a grain should make an equal impression!

Correspondence.

New York, Nov. 3, 1859.

ANNIVERSARY OF THE N. Y. ACADEMY OF MEDICINE.

Wednesday November 2d, being the anniversary of the Academy of Medicine, its meeting was held at the Ninth street Presbyterian Church, the order of the evening being the oration by Dr. W. C. ROBERTS. His subject was the "*Eulogium of Medicine*," and seldom have we had the pleasure of listening to a more forcible and more eloquent exposition of the claims of our profession, and it is only to be regretted, that these occasions, on which the public generally can be enlightened on medical matters, are but few, and reach but a limited portion of a limited class of society.

After alluding to the history of the Academy, its present condition, its objects, aims and prospects for the future, the orator announced his subject, "the eulogium of medical science."

Medicine, the healing art means rather the art of remedying than of curing, and in the present age it is more than ever indispensable, since man, by the progress of civilization, and the increase of luxury and refinement has become an easier prey to disease, than during the simpler periods of his existence.

Its origin is divine; of the Most High cometh healing. It is the practical carrying out of our Saviour's injunction, to do good to all men. Never did his power show more gloriously, and never was the mercifulness of his mission more gratefully and awfully recognized and acknowledged, than when his miraculous gifts of healing were exerted. If, says the pious Rush, "every other argument failed to prove the administration of Providence in human affairs, so great are the blessings which mankind derive from the healing art, that the profession of medicine would be fully sufficient for the purpose."

After tracing the origin of medicine to the instinctive sympathy with sufferings, and the attempt to relieve them, as a *necessary* offspring of our infirmities, and not the product of either effeminacy of habits or other evil results of civilization, the orator forcibly and eloquently illustrated the importance of medicine thus:

It has not probably occurred to any one present, to reflect what would be the state of things, if in one moment medical science, with all its means and appliances, were to be swept from the face of the earth. No financial crisis, no earthquake, no volcanic eruption, no overwhelming flood, no convulsion of the elements, even the darkening of the sun at mid-day, would not be productive of as universal consternation. You may deem the supposition a monstrous one; but it has been illustrated so many times in history, on a smaller scale, as to take from

it its apparent exaggeration. Have we not seen whole tribes of aboriginees destroyed by invasions of small-pox, and their bones left bleaching on the ground? In the historical accounts, which we possess of the Plague at Athens, and Marseilles, thé Black Death of the fourteenth century, and the earlier appearances of the Cholera; when thousands upon thousands perished, and there were not enough of the living to bury the dead, when medicine, then in its infancy, and such as it was, perhaps unavailable, was wholly inefficient to stay the ravages of the pestilence, in beleagured towns, where the garrisons were ravaged at once by disease, famine and the casualities of war, a very similar state of general terror is described to have existed, together with a mortality almost beyond computation. But even under these circumstances men were not wholly without hope from such means of relief as they actually possessed. But to feel that in case of any domestic calamity, or in some sudden and violent outbreak of disease in a community, all means and hope of relief were wanting—to see the beloved ones of our hearts perishing without the possibility of affording them succor, and that in our case, if attacked, there existed no accessible remedy, would produce among the people a despairing hopelessness, an indescribable mental anguish, a degree of maniacal excitement and alarm, which would be comparable only to the horrors of Pandemonium. It is bad enough even among ourselves, at such times, amply as we are supplied with the means of combatting disease, with the aid of those who have skill in the manner of using them. I adduce this illustration to exhibit the necessity of medicine to the welfare and happiness of man; medicine which cures many and palliates all of his physical ills.

The nobility of our profession is thus alluded to:

Requiring from its cultivators the possession of every quality of the head and heart, which can ennoble human nature, a high order of intellect: extensive learning, manners at once dignified and gracious; a pleasing exterior; an abnegation of self and a repudiation of society, that time may be given exclusively to sedulous and indefatigable study and practice of his art; inculcating the virtues of chastity, sobriety, piety, courage, integrity, charity, patience, magnanimity, disinterestedness and discretion: demanding for its successful exercise the utmost tact with management both of the sick and the well, there is no profession nobler than that of the physician. CICERO has truly said, that in nothing does man approach nearer to the gods, than in giving health to his fellow men. A physician of genius is the noblest gift which nature can bestow upon humanity. He is the equal everywhere, of the highest in society. I know, says ROUSSEAU, *no* profession that requires more study than his, and in all countries none are more truly learned and useful than physicians. "Is there anything in the world, more estimable," asks VOLTAIRE, "than a physician, who, having in his youth studied nature, and known the springs of the human body, the ills which torment it, the remedies which may relieve them, modestly practices his art, takes equal care of rich and poor, receives his fees reluctantly, and employs them in succoring the indigent?" "Men," he elsewhere says, "who should employ themselves in restoring health to others, from solely benevolent principles, would be far above the greatest of the earth. They would partake of the Divinity." The stern Johnson too has left his compliment on record to the profession. "I have found in physicians extensive learning, combined with great liberality of sentiment, together with a readiness to exercise a lucrative art, when there was no hope either of lucre or reward."

The orator then goes on to describe the progress which medical science has made. He draws a lively picture of the state of science at the beginning of the fifteenth century, and then its progress, its mighty achievements, inventions and discoveries, up to our time, and gives a bird's eye view of the present state of medicine, its prominent features, showing the claims which it has upon mankind. "My hearers," he exclaims, "if medical science had done nothing more to benefit suffering humanity, than to discover vaccination and anæsthesia, would it not have amply merited man's thanks, his praises and his blessing!"

He next discusses the benefits which medical science has bestowed upon mankind in the department of Hygiene, and dwells upon the large amount of labor bestowed by the medical profession upon our public charities, without pay or reward. Speaking of medicine in war: "But it is among the horrors of war, that the glory of medical science shines more brightly, eclipsing far that of the proudest conquerors of the earth. It is theirs to destroy, it is hers to save! Upon the battle-field, the enemy advancing, the shot and shell falling thickly around him, the surgeon goes calmly on in his work of mercy. How often of late has he been seen to lay down the scalpel and assume the sword, to head some unofficered body of troops, charge and repel the enemy, and return again to the performance of his medical duties. No heroism is greater than his. In the crowded hospital, amid wounds, typhus and gangrene, amid want and misery, despair and death-upon the cholera stricken plains of India, the snow wreathed steppes of Russia, amid the severties of a, Crimean winter, he steadily plies his task of affording to the sick and wounded, the resources and consolations of his benevolent art. It is then that the verse of HOMER meets with its true application:

> "A wise physician, skilled our wounds to heal,
> Is more than armies to the public weal."

After the bloody battle of Eylau, Napoleon, in passing, found the eminent Larrey standing in the snow under a slight canopy of branches, engaged in dressing the wounded; on passing the same place at the same hour next day, he saw the indefatigable surgeon still occupied as before. Thus had he spent twenty-four hours uninterruptedly except the few minutes snatched for a hurried repast! What purer display of benevolent zeal is upon record?"

The orator then describes in the same eloquent manner the claims of practical medicine; alludes to the condition and treatment of the insane 40 to 50 years ago, and contrasts it with that of our own day,—a contrast indeed! He then sketches the growth and progress of medical science in our own country.

The remainder of the address is devoted to the question of certainty in medicine and to a review of the charges so often raised against our profession by the ignorant, the selfish, the charlatan and the quack, and adopting the beautiful language of BARTLETT, the orator says: The light of the constellations may be temporarily obscured by the glare of the fire-work, but when the blaze shall have died away, lo! the everlasting stars are still looking down upon us with their dear old familiar, affectionate smile of recognition, undimmed in their brightness and unchangeable in their beauty, from their blue depths in the firmament; and to paraphrase slightly the beautifull figure which forms the conclusion of Dr. Alfred C. Post's anniversary oration for 1849, the science of medicine is a light-house built upon a rock; the angry billows of quackery may dash with impotent fury against its base, but they recoil in empty foam; the winds and rains of sarcasm and calumny may beat against its sides, but it will stand throughout all generations, and on its lofty summit shall blaze the beacon lamp of truth and reason, sending forth its lustrous beams of hope and consolation and healing over suffering humanity, until time itself shall be no more.

Of course, we cannot do justice to the oration or the orator by a mere abstract. The address is truly a most complete exposition of what medicine *has done, and what it is doing*—the best and the only eulogium which it demands; and if the orator adopts here and there the language of others, let the reader remember that it is the eulogium of a science which dates back to antiquity, and whose cultivators have been the intellectual giants of mankind's history.

GOTHAM.

A deputation of citizens of Dublin having waited on the Lord Lieutenant to submit to him the necessity of providing the city with fountains of drinking water, the *Medical Press* of that city profits by the occasion to demand public urinals, a very logical reasoning—the more water people drink the greater need of facilities for passing it.

News and Miscellany.

The Building Fund of the Episcopal Hospital of this city now considerably exceeds one hundred thousand dollars, and the work of erecting a suitable structure will soon be commenced.

A recent donation provides sufficiently for the chaplaincy of the hospital.

This institution exists under similar auspices to the St. Luke's Hospital of New York, which has the best arranged building for the purpose in this country.

The erection of a proper building for the Episcopal Hospital will give it, in the public view, a more tangible shape than the present inefficient accommodations, and add much to the general interest in the prosperity of the hospital.

Philadelphia County Medical Society.—The recent conversational meetings of the Philadelphia County Medical Society have been of the highest scientific character, and the attendance has been unusually large.

The discussion on ovarian tumors, which was commenced at the last meeting, will be continued at times which will be designated by the Committee on Business.

New Journals—*Annales de Pathologie Génésique*, edited by M. Clément Olivier; and another, at Madrid, called *El Especialista*, are announced.

La Clinique Européene has been discontinued.

The Academy of Medicine of St. Petersburg has received a large amount, the bequest of the late Sir James Wylie, physician of the late Emperor Nicholas, for the foundation of a clinique in connection with the institution.

Small Pox is said to be increasing in London. The small pox hospital is crowded, and the necessity of compulsory vaccinnation among the people is being considered.

Paraffin Oil, when stored in large quantities, has, by a London jury, been considered dangerous to the immediate neighborhood, in case of fire.

Inoculation of Diphtheria.—Some cases of inoculation, while performing tracheotomy or making autopsies of cases of diphtheria, are reported in England.

The Medical College at Bombay has forty-four students, of whom twenty-six are Parsees, ten Hindoos, two Borahs, four Portuguese, one Mussulman and one Christian. The course of study is similar to that of European schools, but is said to be longer and more complete.

The diminution of rain in the years 1854, 1855, 1856, 1857 and 1858, amounted, the *Medical Times and Gazette* says, to the average fall of one year, twenty-five inches.

In all countries traces of dried up streams are met with, but within the historical period there are no examples of new rivers coming into existence. The Dnieper at Kiev is drying up. The redoubted plains of Troy can with difficulty be recognized or traced, because the rivers mentioned by Homer, whose descriptive topography is not doubted, either cannot be found, or they are now such insignificant streams as to fall far below the descriptions of the poet. About the mouths of the Nile, the water is becoming shallow, while there is reason to believe that the volume of its waters has been within the period of history sensibly diminished. The Baltic is decreasing. The Adriatic derives its name from a town that is now eighteen miles from the shore, and was once a flourishing sea-port. North America is sensibly draining. The rivers are slowly wearing away the rock, and occupying a lower bed. America on the Pacific Ocean is notoriously rising, or the ocean which surrounds it is sinking.

Death from the Bite of a Fly.—A letter from Cassel, in the *Journal de Frankfurt*, mentions the sudden death of Mr. Habicht, a Protestant minister of that place, from the puncture of a fly. The wound was inflicted near the eye. A tumor formed, which was followed by erysipelas, which speedily caused his death. It is presumed the fly had been feeding on the carcase of some animal in a state of decomposition, and communicated a virus to the wound, which produced the disease resulting in the death of the sufferer.

To Correspondents.

Dr. J. R., Carbondale, Ill., wishes an opinion as to whether it was justifiable to give chloroform, and whether the chloroform probably produced any of the unfavorable symptoms in the following case:

"Mrs. M., aged twenty-eight, after repeated attacks of ague, was anæmic and ædematous. She was taken in labor at the full period. When summoned, found the labor advanced; pelvis well developed and presentation natural; there was tumefaction and painful sensitiveness of the vagina, and rigid os uteri. The agony of labor was indescribable. The patient, a very intelligent lady, implored for anything to give her ease, and begged us to kill her to relieve her misery. I was informed that a dentist had administered chloroform to her once to extract a tooth, and that she came near dying from it. I gave her chloroform cautiously, in ten drop doses on a handkerchief, which produced only an amelioration of her pain, and no bad symptoms occurred. After the third day from the delivery she became nervous and very much debilitated. I directed tonics, which were not administered. On the twelfth or fourteenth day she visited St. Louis, where she was prescribed for by a respectable practitioner; then returned with a cough, and in a few days died."

We know of no remote effects of anæsthetics, and if no immediately dangerous symptoms from the chloform were produced at the time of its administration, the symptoms which followed at any period thereafter could not be attributed to it. The severity of the case probably justified the cautious use of the anæsthetic, notwithstanding the unfavorable precedent alluded to.

COMMUNICATIONS RECEIVED.—*Delaware.* Dr. Geo. McC. Miller—*Georgia*, Dr. W. W. Wall, (with encl.)—*Illinois*, Dr. W. C. Archer—*Indiana*, Dr. L. D. Personette—*Iowa*, Dr. John M. Adler—*Kentucky*, Dr. H. L. Justice—*Louisiana*, Dr. J. F. Newton—*Missouri*, Dr. O. K. Reynolds, (with encl.)—*New York*, Dr. S. D. Willard, "Gotham," Dr. C. H. Covell—*Ohio*, Drs. Firestone and Robinson, (with encl.,) Dr. E. H. Baker, Dr. S. W. Chase, (with encl.)—*Pennsylvania*, Dr. S. H. Sprogle, (with encl.,) Dr. G. W. Smith, (with encl.,) Dr. W. H. King, (with encl.,) Dr. M. J. McKinnon, (with encl.,) Dr. R. S. Myers, Mr. J. Hulme, Dr. R. H. Patterson, (with encl.)—*Virginia*, Drs, Taylor and Miller, (with encl.)

MARRIAGES.

MAINS—LINDERMAN—At Lehman, Pa., Nov. 1, by Rev. J. P. Dailey, E. W. Mains, M. D., of Stillwater, N. J., to Miss B. B. Linderman, daughter of J. J. Linderman, M. D.

PEALE—MCBURNEY—November 8th, in St. Peter's Church, Philadelphia, by the Right Rev. William H. Odenheimer, D. D., James Bond Peale, M. D., of Holmesburg, Pa., to Mary Clarissa, daughter of the late Samuel McBurney, of this city.

MARKLEY—EYRE—On Thursday, Nov. 10th, in Philadelphia, by Rev. Robert H. Pattison, Arthur D. Markley, M. D., of Montgomeryville, Pa., to Miss Juliet, daughter of Col. A. P. Eyre.

RINGWALT—WILLS—In Downingtown, Chester county, on the 10th instant, by Rev. John B. Henry, Dr. Samuel Ringwalt, of New Holland, Lancaster county, to Miss Rebecca E. Wills, of Downingtown.

DEATHS.

At a meeting of the students of the Jefferson Medical College, held November 14th, 1859, Professor Robley Dunglison was called to the chair, and Mr. Emmett A. Drewry was appointed Secretary.

The following preamble and resolutions were offered and unanimously adopted:

WHEREAS, an All-wise Providence, in its inscrutable decrees, hath removed, by death, from our midst, our friend and fellow student, Matthew D. Moore, of Sussex county, Virginia,

Resolved, That we have received with emotions of deepest regret and profoundest sorrow, intelligence of this afflicting event.

Resolved, That we tender to the family and friends of the deceased our deepest sympathy and heartfelt condolence.

Resolved, That a copy of these proceedings be transmitted to the family of the deceased, and be published in the Medical and Surgical Reporter, of this city, and in the papers of Petersburg, Virginia.

BREWER—On the 5th instant, at Beverly, N. J., John M. Brewer, M. D., aged 78 years.

ROBERTS—In Johnstown, Cambria county, Pa., 6th instant, Dr. Thomas P. Roberts, aged 27 years and 10 months.

JOHN F. ORD, MANUFACTURER OF THE PATENT METALLIC SKELETON ARTIFICIL LEG,

No. 31 North Ninth st., below Arch st.

PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

WILLIAM GIBSON, M. D.
Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

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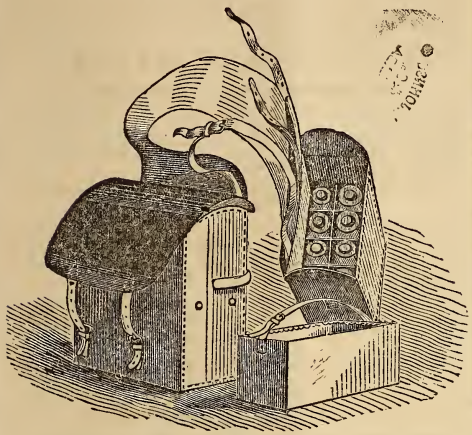

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" "	1		Mortar, " "			$20 00
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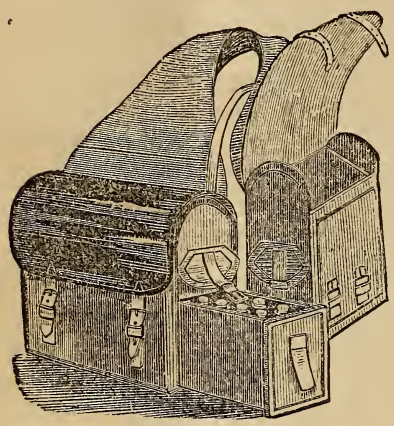

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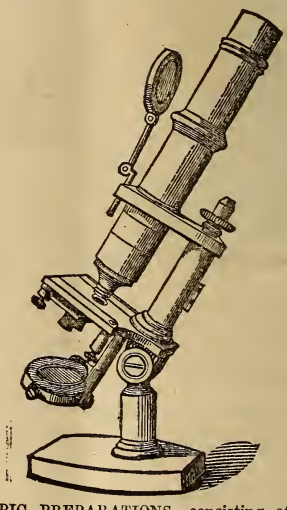

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 162. PHILADELPHIA, NOVEMBER 26, 1859. NEW SERIES VOL. III. NO. 9

ORIGINAL DEPARTMENT.

Communications.

Medical Education.

What meaning is attached to the term, education? The mental and moral training which enables a man to acquire knowledge accurately and rapidly, and, also, to use information advantageously in his pursuit, may be said to constitute education. A man may have acquired power to speak several languages without being educated. An American boy of fourteen, of fair natural intellect, placed in a population of Germans during a couple of years, without hearing any other than the German language, will speak it sufficiently well for all ordinary purposes, though he may be quite unable to read or write either English or German. The same boy, transferred to a town where only French is spoken and understood, may, at the expiration of two years more, understand and speak French; and if he should then be thrown altogether among Spaniards, for a like period, he will be able to express himself in Spanish; and now, if he should mingle with Germans, Frenchmen, Spaniards and Englishmen, he will be able to communicate with each and all of them. Every one who has traveled on the continent of Europe has been served on the roads by guides and servants who speak two, three, or four languages, but who possess little or no power to acquire systematic knowledge. It is not very rare to find sprightly sailors, without even the rudiments of education, who possess a limited knowledge of several languages, and yet these men are incapable of learning the art of navigating a ship across the ocean. We find, too, men employed in chemical laboratories, who are capable of superintending or conducting chemical processes without knowledge of chemical science, and men serving long in dissecting rooms, who become familiar with the names and situations of the various organs and parts of the human body, and yet are incapable of becoming chemists or anatomists.

The cause of this incapacity is not want of natural intelligence, nor ignorance of reading, writing and arithmetic, but lack of that training, through the effects of which the mind is enabled to perceive resemblances and differences between things, and to recognize their analogies and relations.

All the departments of medical science are difficult of comprehension to one whose mind has not been already trained on branches of knowledge which are commonly taught in academies and colleges. One who has learned merely to read, write and cypher well, may make himself acquainted with the theory and practice of medicine, as taught in the medical schools; but the same natural intellect, after having been disciplined by a college course, will learn with much greater facility. It is not that Latin and Greek are necessary, but because the study of those languages constitutes an admirable means of preparing the mind to comprehend more abstruse subjects. Quality of mind does not depend upon the kind of language it employs to express itself. A German or a French brain does not perform its functions better than an English or an Italian brain. Under equal circumstances they are equal, and their powers will be according to the system of cultivation to which they may have been subjected.

Those who have become distinguished medical philosophers and teachers have all received

what is called a classical education. This fact argues strongly in favor of a classical education for all who would become expert practitioners of medicine. The question to be determined is, how little academic learning is enough to enable a young man to study medicine profitably to himself and the community in which he is to practice, for no degree of knowledge, however extensive, will be found embarrasing to the medical student or practitioner.

The American Medical Association would do well to consider this question, and devise a curriculum of the preliminary studies essential to be mastered before entering upon professional education. What degree of acquaintance with Latin, Greek, mathematics, physics, or natural philosophy and natural history is sufficient to qualify a youth to become a respectable member of the profession? Or, in other words, what extent of common educational training will be sufficient to enable an ordinary natural mind to appreciate scientific truth?

It is true that our medical schools have bestowed diplomas upon young men, not only entirely destitute of classical knowledge, but also incapable of writing English according to the established rules of orthography and syntax. This fact is by no means a conclusive argument against the importance and use of classical education to the physician. "What has spelling or 'doing sums' to do with prescribing for a fever or amputating a leg?" A conceited ignoramus may believe this to be an unanswerable question, but thoughtful men conclude, nevertheless, that a practitioner whose observation and mental powers are unequal to spelling and the common operations of arithmetic, is not competent to appreciate the value of symptoms in disease, or judge correctly whether a limb must or need not be sacrificed to save life, even though he be licensed by a college diploma to decide a question of so much interest to the patient.

As the diploma, speaking generally, is no guarantee that its possessor is a safe and reliable physician or surgeon, how is the public to determine who of those announcing themselves as practitioners can be trusted to relieve pain and postpone death when life is threatened by disease or injury? Shall the sufferer rely exclusively on the popularity of the practitioner, or upon what he may say of himself? Surely not, for in the herd of quacks, nostrum mongers, homœopaths, hydropaths, Thomsonians, botanics, &c., there are men of as great popularity as among the army of thoroughly educated physicians. As long as the public is willing to pay for such services as well, as freely as for the best advice of the best men, so long will the ranks of the profession be filled by pretenders, both regular and irregular. People consult their interests, and, therefore, it is necessary to demonstrate that highly educated physicians are profitably consulted, and that they cannot apply to ignorant practitioners without risk of loss of health or life.

Can the American Medical Association devise some measure to remove the evil universally complained of by the intelligent members of the profession? But nothing is to be expected from attempts to coerce the colleges to prolong their courses of instruction, or to elevate the standard of graduation, until the colleges cease to be conducted, in some degree, on the principle of rival stock companies, engaged in making money. If the school now having the largest number of pupils were to announce that, after the present session, a chair of medical jurisprudence would be added, and the course of instruction would be extended through eight months of the year, and that only those who could translate correctly the odes of Horace and any passage in the first book of Homer's Iliad would receive its diploma, the school would lose its patronage entirely, and be forced to close its doors in two or three years, because the crowd of students would prefer the easier routes to the doctorate. The competition between the schools is not exclusively in didactical science; the criterion of excellence includes a reference to professional receipts, which would abate in proportion to the difficulty which candidates for graduation might find in obtaining the professional rubrics of the school.

It has been proposed, in substance, that the

medical diploma alone shall not be a license to practice, but that all who desire to become practitioners shall submit to a scrutinizing examination by a Board of Examiners, to be appointed from and by members of each county society in a State, and that, without the approval of such board, no one shall be entitled to collect fees for medical services in the State. Even if the State legislatures could be induced to favor such a plan, to which all irregular and unqualified practitioners would be strenuously opposed, it is questionable whether the people would be better served than they are under the present system. It would be no easy task to make a uniform standard of qualification for all the county societies of even a single state, and it would be still more difficult for all the county societies of the country. The licentiates would be as unequal in qualifications as the graduates of all the schools of the United States are now, and the people would have no better guarantee of professional skill than they have at present.

Suppose that the diploma should become, in all cases, a reliable certificate that its possessor is competent, in every respect, to practice, does it follow that quacks of every name and grade would cease to receive any portion of the public patronage? Pretenders would still succeed, because there is and will be a popular faith in mystery, and a general notion that disease is in some way a sort of mythical entity which is to be poisoned and destroyed by drugs. But such considerations should stimulate us to improve the fountain of knowledge, and to diffuse physiological information among the people, to guard them against the impositions of medical charletans.

If the Legislature of Pennsylvania were to enact laws, the effect of which would be to render medical teaching free, and at the same time restrict the power to grant license to practice to a single board of examiners, no member of which to be engaged in teaching, would sick people in the State be better advised than they may be now, if they choose—in other words, would authorized practitioners be better qualified than they are at present? Probably not! R.

Delivery of Face Presentation, with Posterior Mento-Iliac Position.

By W. G. Meachem, M. D.,
Of Warsaw, N. Y.

September the 20th, I was summoned to Mrs. D., a primipara eighteen years of age. I reached her about 6 P. M., and ascertained that she had been in labor since morning. Her pains recurred at intervals of four or five minutes, and indicated no very remote delivery. From a tactile examination, per vaginam, I learned that the os tincæ was dilated to the extent of a half dollar, and that its right anterior segment was pushed by a rounded and solid presenting part, into the pelvic cavity, to a consideral depth below the posterior segment. At this early period of the puerperal effort, I could not accurately define the presentation and the position; but, subsequently, when the diagnostic marks had been made, by the greater patency of the os, and the further descent of the fœtus, more attainable; no very considerable obstetrical experience was requisite to determine that the face presented, and that the chin was directed posteriorly, while the forehead rested against the pubes. The same character of pain continued, with little or no variation, throughout the night, necessarily depriving her of sleep. Taking into consideration that the parturient woman was a primipara, and that the unusual presentation would probably require an unusual continuance of uterine contractile effort, I did not at once interfere with these pains; but in the morning, when I perceived that no progress had been made, and that Mrs. D. was becoming exhausted by the incessant and seemingly inefficient contractions, and the loss of sleep, I gave her pulv. opii, gr. ii., and, after a suitable interval, repeated the dose. This quieted her pains, and soothed her to sleep.

About 2 P. M. (the 21st), the hypnotic and anodyne influence of the opium having been expended, and the system having rallied from its exhaustion, the pains recurred with increased energy. After some time, however, perceiving that these renewed contractions accomplished little or no fœtal descent, I prescribed pulv. ergotæ, ℈i. This produced a sensible

effect. The presenting part now began to descend into the pelvic cavity, but at a very slow rate of progression. At lengthened intervals, I twice repeated the ergot. When she had been brought fully under its influence, the peculiarity of contractile effort which it induces was very manifest; the pain was continuous, although not of uniform severity, but experiencing exacerbation and remission. Soon after 8 P. M. the pains had become very energetic, and elicited much outcry. The pain and the outcry still augmenting in intensity. At 8½ P. M. the membranous sac ruptured. At this period, and even earlier, the suffering had attained such a pitch, that the propriety of etherization or chloroformization became a serious question; but, unfortunately, I had no anæsthetic with me, and I was distant three miles from my office, or a druggist. A short time previous to the discharge of the amniotic liquor, anticipating a probable contingency, I had posted a messenger to the village for obstetrical forceps, but long before his return, the delivery had been terminated. After the rupture of the membranes, a few pains, but these the most excruciating, sufficed to extrude the fœtus.

The position of the face in its descent through the pelvic cavity, and its expulsion per vulvam, was sufficient cause for the tediousness of the labor and the intensity of the pain; the chin regarded the concavity of the sacrum, while the forehead rested against the pubes. I was unable accurately to ascertain, through the tense unruptured membranes, the position at the superior strait. I suspect that it was not a full presentation of the face, but a frontal variety, with the fronto-mental diameter nearly in the plain of the right oblique diameter of the strait. The usual positions of the face are those with the fronto-mental diameter in correspondence with the left oblique diameter of the superior strait, the chin or the forehead being in relation with the right sacro-iliac synchondrosis. The chin may, however, regard all the points of the pelvic brim. Ordinarily, whatever be the point with which the chin is in relation, after the periods of extension and descent, or contemporaneously with descent, the chin is brought under the pubes, (period of rotation.) This evolution is not simply the usual one, but also by far the most favorable to both mother and child, as is evident from a comparison of the fœtal with the maternal diameters. As soon as the chin has emerged from under the pubic arcade, the successive diameters which measure the delivery of the head are all considerably less than the corresponding diameter of the pelvic outlet, the antero-posterior. These fœtal diameters measure as follows: The trachelo-frontal, 3½ inches; the trachelo-bregmatic, 3¾ inches; and the trachelo-occipital, 4 inches and 1 or 2 lines; whereas the antero-posterior diameter of the inferior strait measures 4 inches and 4 or 5 lines.

In the case which I am now reporting, from some inappreciable cause, the chin, which I suppose to have been turned posteriorly and to the right, failed to execute the movement of anterior rotation, and descended along the concavity of the sacrum. In this rare condition of things, spontaneous delivery is seldom accomplished. In the few cases in which it does occur, it is by virtue of one of two processes—either the chin flexes upon the breast, and the presentation is thereby converted from that of the face to that of the vertex; or the chin continues to descend along the sacral venter, the neck is elongated, the shoulders are pushed down to a degree into the pelvic cavity, and the face reaches the inferior strait. In the former case the flexion of the chin upon the sternum substitutes at the inferior strait, whose cocci-pubic diameter measures 4 inches, a favorable for an unfavorable fœtal diameter, the occipito-frontal, which measures 4 inches for the occipito-mental, which measures 5 inches. In the latter case, the occiput resting behind the pubes, and the chin traversing the sacral concavity, when the chin has passed the extremity of the coccy it pushes backward the extensible perineum, and the trachea is placed in apposition with the coccygeal extremity. Now the fœtal diameters, which must successively coincide with the cocci-pubic in the expulsion of the head, are the same that present in the ordinary face delivery, when the chin

passes out under the pubic arcade, with the single difference that the trachea and the vertex have exchanged places. When the trachelo-frontal, trachelo-bregmatic, and trachelo-occipital diameters; in a word, when the vertex has cleared the arch of the pubes, the face is delivered by a simple progression. In Mrs. D.'s case the mechanism of delivery was this latter process, and, notwithstanding its attendant dangers, it resulted favorably to the infant, and without permanent injury to the mother.

When I had ligated the funis I discovered that Mrs. D. was profusely flowing, and, instantly exposing her abdomen, I directed an attendant to dash upon it cold water, which I had taken the precaution to have in readiness at the bedside. The cold douche served a very useful purpose as a temporary expedient. Conjecturing that the hemorrhage was dependent upon an imperfectly expelled placenta keeping the uterine orifice open, I seized the funis without delay, and attempted an extraction. Failing in this, I introduced my hand into the vagina, and grasping the funis near its placental insertion, again assayed an extraction. Finding that the cord was giving way under no very considerable tension, I grasped the placenta, and removed it piecemeal, literally by handfuls. A portion of it was retained within the uterus, and, to effect its removal, it became necessary to pass my hand into the uterine cavity. The uterus then contracted, and hemorrhage ceased. To ensure an effectual contraction, however, I administered a dose of ergot. Though the loss of blood was considerable, it was insufficient to occasion either complete syncope or convulsions. Upon the second day a puerperal metritis was developed, which persisted for two weeks, and imperiled her life.

The noteworthy points in this case are these: 1. It was a face presentation. 2. The usual anterior rotation failed to be accomplished, and the chin traversed the sacral venter, and emerged at the posterior vulvar fourchette 3. Notwithstanding the infrequent and unfavorable mechanism, the delivery was terminated without prejudice to the infant, and (barring the hemorrhage and the hysteritis) without prejudice to the mother. 4. The ergot was an efficient aid to the parturient effort. Let me consider each of these points in the briefest detail.

1. The very great infrequency of face presentations renders the record of every such case proper. According to Madam La Chapelle, of 15,652 children born in a period of nine years, only 72 presented the face. Among the causes assigned for this presentation are the obliquity of the uterus and the active movements of the fœtus, either of which may be presumed to be sometimes able to extend the head, and thus convert a vertex into a face presentation. External violence, it seems probable, may also occasion a like result, and this I am disposed to regard the causation in Mrs. D.'s case; for, about a week previous to her confinement, she met with a fall which strained and contused her abdomen, and disabled her for some time.

2. Why the chin, which, when at the superior strait, I suspect to have been in apposition with the left sacro-iliac synchondrosis, (left posterior mento-iliac position,) failed to rotate anteriorly to the pubes, I do not presume to say. Indeed, it is seldom possible, in any individual case, to designate unerringly the causative agency in such failure. When this failure does occur, the accoucher's interference is almost always rendered necessary. In this case my interference was the administration of ergot.

3 The dangers attendant upon delivery in presentations of the face, when the chin remains posteriorly, are many and serious. The labor may prove tedious, and uterine inertia result. The prolonged sojourn of the head in the pelvic cavity may occasion recto vaginal and vesico-vaginal fistulæ. The perineum may be ruptured. In this case daily catheterization was required for ten days after accouchment. Whether the inability to micturate was dependent upon temporary vesical paralysis, induced by long-continued pressure, or upon inflammation of the vesical peritoneum, or upon spasm of the sphincter vesicæ, or upon such a deflexion of the urethra as rendered the expel-

lent action of the detrusor urinæ nugatory, I cannot indeed say; but I incline to the opinion that the first-named was the chief, if not the only cause. It is also very probable that the unfavorable position of the face predisposed to the hemorrhage which occurred, by debilitating the uterine muscular fibre, and interfering with its prompt contraction after the extrusion of the fœtus and its annexæ. The retention of a part of the placenta or the membranes within the cervix, a consequence, doubtless, of this inefficient uterine contraction, was the exciting cause of this complication. The only unpleasant sequela of this protracted and dangerous labor appreciable at this date, is an anæmia which has so impoverished her milk, that the babe, whose sustenance it is, is laboring with a thrush, attended with vomiting, diarrhœa, and extreme emaciation. Episodically, I may say, it is scarcely necessary to mention that, as soon as I had been informed of the condition of things, I advised the immediate weaning of the infant as a prophylactic and remedial expedient for both it and the mother.

4. Of the propriety of my administration of ergot in this case, I cannot entertain a suspicion. The labor had continued so long that speedy delivery was plainly indicated. I verily believe that uterine inertia would have resulted had the employment of the ergot been withheld. A recto-vaginal or a vesico-vaginal fistula might also have been produced, and the life of the fœtus might have been jeoparded. The fortunate issue of this case, to both mother and child, furnishes another exemplification of the wonderful resources of nature, and of her ability to extricate the puerperal wheel from the deep rut of an unusual and difficult position, when timely jogged by an obstetric hand.

An Antiseptic Mixture for the preservation of blood globules, nerves, ganglions, the retina, and the white tissues generally, is recommended by Dr. Passini, to be made as follows: Protochloride of mercury, 1 part; chloride of sodium, 2; glycerine, 13; distilled water, 113 parts.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

NOVEMBER 2D.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Pneumonia—Case 1st.—After some preliminary remarks upon the method pursued by him in his clinical lectures, and upon the importance he attached to the signs furnished by the physiognomy in disease, and the information to be gathered from the general aspect and manner of a patient, with some general observations upon pneumonia, Dr. G. remarked:

This patient has not the aspect of a man in bad health. His countenance is slightly flushed; his eyes have that expression which shows that his mind is perfectly undisturbed; he has but slight dilatation of the nostrils, and in fact there is very little of the ordinary signs of pneumonia remaining in his countenance. The disease has been mild, and he has had it but a few days. He has a moderate degree of fever, his skin is warm and moist, his pulse is between 80 and 90, and perfectly regular. This characteristic of the pulse ought always to be looked to, for, in addition to pneumonia, we often have endocarditis. Some years it may frequently occur, in other years not at all.

Next, as to the chest. I ask him if he has pain? He has pain over the sternum; he does not refer it to the side. Now, in ordinary pneumonia, we have pain occurring as it does in pleurisy. What is the cause of the pain? The lungs are insensible to pain, but the pleura is sensitive, and is the seat of this pain in pneumonia. There is more movement, more friction, in the front of the chest, because there is the greatest play of the lung: therefore, this is the spot to which the pain is referred.

Percussion.—There is dullness of the lower portion of the right side; elsewhere the percussion is normal.

By *auscultation* we are made aware of the changes; we get some evidence of the particular *stage* of the disease. On the *right* side, in inspiration, we get an abundant crepitant rhonchus in the lower portion; in the upper part of the lower lobe, a certain amount of bronchial respiration. Under the axilla, again we find the same rhonchus, and also a friction sound; the latter is a sign of great importance. It enables us to demonstrate the disease. In every pleurisy we must have this sound. Fifteen years ago it was only in marked cases that it was detected.

This patient is now in a condition approaching convalescence. His disease is confined to the lower

lobe, and is of the eccentric or external variety, hence we recognize it easily.

His sputa amounts to almost nothing. Generally, there is in this disease a little expectoration, a viscid transparent liquid, small in quantity, somewhat tinged with blood.

Treatment.—He has been cupped once, and two ounces of blood taken. This is an insignificant amount, but the case did not demand bleeding. There was not so much difficulty of respiration as to warrant taking blood. If this be necessary, cupping is preferable to general bleeding, but you should use a scarificator that is in proper condition. Two-thirds of them are unfit to use upon a human being. I found this patient, in taking charge of the case, using the following prescription every four hours:

℞. Hydrarg. chloridi mitis,
Antimonii sulph. āā gr. ss.
Ipecac. et opii pulv. gr. iv. M.

We will now discontinue the calomel, taking care to avoid producing ptyalism, which, if it be unnecessary, is sure to do a certain degree of mischief. I am not generally in the habit of using it, and as the patient is now convalescent, it will be discontinued. The Dover's powder may be continued, and ipecac. may be given instead of sulphuret of antimony. It is a better expectorant. He should have a mild diet, and a laxative sufficient to act upon the bowels—a dose of oil, salts, or half an ounce of Rochelle salts. He should be kept quiet in bed, so as to favor perspiration.

Case 2d.—This patient presents the same comfortable appearance. His respiration is not much hurried, and his pulse is soft. His pneumonia is now nearly gone. There remains only some crepitation and dullness in the lower portion of the right side.

His *treatment* has been the same as in the last case, until yesterday, when the calomel was suspended. He is now taking 4 grains of Dover's powder, with ⅓ grain ipecac. every four hours. This pneumonia I suspect to be complicated with phthisis, and therefore it does not demand a debilitating treatment. He is not to be cupped or purged. He is to have a nourishing diet.

November 5th.

Intermittent Fever.—The patient had the characteristic physiognomy of this disease. His sallow and pale complexion indicates an altered state of the blood. The patient is a sailor, and came from Florida fourteen days ago. He had chills of the quotidian form when he entered here. He has had but one since his admission.

Treatment.—He was put immediately on the anti-periodic treatment, taking at first 24 grains of the sulphate of quinia every day. It is still continued, but reduced to 16 grains daily, to be still further gradually diminished to 6 grains a day, and combined with 4 grains of ferrum per hydrogen. His diet was to be increased and porter allowed. His tongue was dry at the centre, indicating that the patient was laboring under some disturbance of the stomach

Dr. G. believes that intermittent fever is connected with and allied to remittent fever; that all fevers are allied diseases, with some broad lines of distinction, which sometimes approach each other, so that it is difficult to distinguish between the diseases.

Asthma.—This patient has a chronic affection of the chest, which does not confine him to his bed. His disease commenced three years ago with a cold. He has constant dyspnœa, more intense at night. His speech is interrupted by it. He has pain, referred to the course of the diaphragm. He expectorates a whitish phlegm. He has a small compressed pulse, and no fever.

Inspection.—In examining a person's chest I never make them strip off their garments and cause them to stand, as I have seen often done, much to their inconvenience, for half an hour. This patient's thorax is not much dilated, because old adhesions have been contracted by pleurisy.

The patient does not recollect his pleurisy, but most of you who have seen pleurisy, know that the pain is generally not severe.

Percussion.—Sounds unusually clear.

Auscultation —Inspiration feeble, and covered over, as it were, by a sonorous rhonchus, especially marked in the whole left lung. There is everywhere a thickening of the bronchial tubes, and they are at the same time both compressed and dilated.

It is important to examine the condition of the heart. The lungs are here perfectly independent of any disease of the heart.

Treatment.—If the disease be permanent, it is often an inconvenience rather than a serious disease. Much can be effected in the way of cure by change of locality, protection from changes of temperature by warm dress, etc.

We may interrupt the paroxysms by several processes, by stramonium, belladonna and tobacco. I dislike all narcotics but opium, and believe that if all else were swept out of existence, we should not miss them. The galvanic current is sometimes used, but it is excessively uncertain.

Strong counter-irritants to the breast give relief to a certain degree. Cupping will relieve the spasm if there is much congestion of the lung. Never bleed from the arm. I will direct cups to his skin, with three or four cut cups along the middle, and a

mixture of squills and lobelia every five or six hours

The remedies employed in asthma, if continued long, lose their effect, but many patients do improve upon them. You should beware of giving opium to women for two reasons—for the sake of the patient and for your own. She may become a confirmed opium eater, and impute the blame of her excesses to her physician.

Post-Mortem Specimen—Albuminuria.—This patient I found in a dying condition on taking charge of him. His case shows the connection between albuminuria and general tuberculous disease.

The *kidneys* are pale externally, with blotches of a deeper color. Internally, they are of a deep red, with yellow, granular points.

The *spleen* is healthy.

The *lungs* are tuberculous in the upper portions, and the small intestines present what I have no doubt are tuberculous ulcers; their edges are round and pale. He had diarrhœa for two weeks. The large intestine is healthy.

The lesion of the kidneys was the first step, I have no doubt, in the series of lesions which caused his death.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

The regular meeting of this Society took place Wednesday, Nov. 10th, DR. DALTON, President, in the chair.

DR. MCCREADY presented a *specimen of Bright's disease*, accompanied with *pericarditis*, with the following remarks: A gentleman sent for me on the 22d of last month. He was a well built man, 51 years of age, who had always been an exceedingly free liver, eating well, and drinking largely, and enjoying life generally, in a sensual way. I had seen him the previous spring, when he was suffering from slight hemorrhage from the lungs. He also complained of weakness, and of his emaciation. The lungs were examined, but no disease was detected at that time. He was treated in the usual way, with benefit, and passed the summer at Saratoga, according to his ordinary habits, eating and drinking largely. After returning home he told me that a couple of weeks previous he had suffered very severely from an attack of gout, for which he had taken colchicum, with relief. Since that time, however, his appetite, which was unusually good, never returned. He was incapable of retaining any food upon his stomach. He also complained, very bitterly, that his sexual desires were almost entirely extinct; this he had noticed for two or three months. On questioning him, I found that he was suffering from irritability of the bladder, being obliged to pass his water more frequently than usual.

His urine, on examination, was found to be of a very light color, and contained a moderate amount of albumen. He did not, however, present any of the rational signs of Bright's disease. There was no œdema about the face; the countenance was a little paler than usual. He was put on iron, but without benefit. As the disease advanced, the stomach became more and more irritable, and difficulty of breathing set in. I then saw him with Dr. Metcalf. We examined him, but found no symptoms of pulmonary or cardiac disease. A few days afterward, a fine *crackling* was detected anteriorly, a little distance below the clavicle. This was absent posteriorly. It continued for several days, and seemed to diminish on the left side, while it increased on the right. At the end of four days some slight dulness was found over the upper part of one scapula, just at the supra-spinal fossa; there was also a little bronchial respiration detected. As these symptoms began to decline, a double friction sound was found over the heart. This increased, and became exceedingly loud, so much so as to be distinctly heard over the whole of the cardiac region. In the meanwhile the stomach became more and more irritable, so that he was entirely unable to retain any food; he had also, during the disease, a little hemorrhage from the nose, which continued, slight however, until the day of his death. On the last day there was some suppression of the urine; he passed his water but once in 36 hours. He died yesterday afternoon, shortly after 3 o'clock.

On post mortem examination we found two or three tubercles at the summit of the left lung, and the remains of pneumonia in the right lung. The heart showed evidences of intense recent pericarditis, the surfaces being very much roughened by the deposit of plastic material. The kidneys were contracted, and in an advanced stage of Bright's disease.

The case was interesting, as affording an example of what we see every once in a while, namely, an attack of organic disease of the kidneys, proceeding to an advanced stage, producing no symptoms until two or three weeks before death. This absence of symptoms is especially to be observed in those cases where the renal degeneration is the result of gout, and the kidney presented is a fair specimen of what Todd calls the gouty kidney.

Encysted Tumors in the Peritoneal Cavity.—DR. ALONZO CLARK presented two small *tumors*, for the sake of explaining their nature. He was not aware

that these tumors had been reported upon by any body.

One of them was found attached to the small intestines, and partly imbedded in the fat that covered it, so much so, that it could not be very easily turned out. Whether it has any connection to the intestines by vessels, cannot be aseertained in its present condition. It is about the size of a bean, but a little more globular, and does not seem to have provoked any irritation whatever. Here is another of the same character, obtained a few days ago by Dr. Burgess. Dr. B. remarked, that in making the post mortem, he picked it out of the peritoneal cavity, and that it had no connection with anything. These tumors are both of the same nature. Their constitution is simple enough, and entirely harmless. Each one of them has a cyst, that seems to have been a portion of the growth, and for that reason it seems as if there must have been some vessel connected with it.

The first tumor consists principally of oily matter. In the tumor that was found detached in the peritoneal cavity, the contents were found to be partly fatty, partly oily; they must have been fluid, at the ordinary temperature of the body, but are now solid. Under the microscope, the contents of the tumor presented that stellate crystalization peculiar to fatty matter. The older of the two specimens is a little more complex in its composition, but probably had a similar origin. It contains some oil, but is made up principally of cholesterin; it also contains some triple phosphates, a very common deposit in old structures. It also contained some material which was at first supposed to be epithelial, which it was thought might have been formed by the friction of the parietal peritoneum, in such a manner as to roll up a mass of epithelium upon the growth, but on further examination it was found that it was not epithelial, but the remains of the cysts of adipose material.

These specimens, then, are nothing but encysted fatty tumors developed in the peritoneal cavity.

Heart Disease; Vegetation on the Aortic Valves.—Dr. Clark next presented a specimen of heart disease for a candidate. The specimen showed a large vegetation growing from the inner surface of one of the triple divisions of one of the aortic valves, extending upward about an inch. The valves are very much thickened.

History.—J. S., 28 years of age, a native of New York, of nervous temperament, at the age of nine years had an attack of inflammatory rheumatism, which lasted for three months. One year after that, he was attacked with chorea, which manifested itself at intervals for about one year. At the age of thirteen he suffered from a second attack of inflammatory rheumatism from which he recovered. Since that time his health has been good. For the past six years he has resided in this city, during which time his health seemed to himself and his friends to be firmly established, and he was engaged in the active practice of the legal profession; his place of business being in one of the upper stories, obliged him to ascend four flights of stairs, from four to twenty times a day. In addition to this, he walked long distances, in collecting notes for banks. All this exertion produced no palpitation, dyspnœa, or in fact anything that would lead to the suspicion of cardiac disease. On the 20th of October he stated that he did not feel exactly well; he complained of chills, a tired sensation in his limbs, and a general indisposition to exertion or labor. The pulse and skin at this time were natural. He continued in about this condition, feeling one day well and the next day worse, taking daily by the advice of his friends, from 2 to 4 grains of quinine, with an occasional cathartic dose of Rochelle salts, until Friday, Oct. 28th, he called on a physician, and complained of pain in the gluteal muscles, which partook so much of the rheumatic character that his physician was led to a very careful examination of the heart. Nothing abnormal was detected. On November 1st, his tongue was found to become dry and brown. He remained in the condition already described, with the tongue brown and dry, the pulse about 70, the respiration 20, the skin natural, up to November 3d. At that time he was ordered beef-tea and Dover's powders. Thursday he was about the same. On Friday the pulse was found to be 80, and irregular. Auscultation over the præcordial region, gave a prolonged, harsh murmur, beginning with the commencement of the first sound, and ending with the end of the second, most intense at the base of the aorta. The rational symptoms remained about the same. Soon after he was attacked with extreme dyspnœa, respiration increased to 60 per minute. The physical signs were not changed. A diagnosis was made of pericarditis.

Treatment.—Calomel and opium, and a blister over the præcordial region.

On Saturday, at 9½ o'clock, A. M., it was ascertained that the patient had passed a very restless night. On examination the physical signs were not found changed. At 12 o'clock, at noon the same day, the physician was called in haste, and found the patient dead. He died a few minutes after having been placed on the night-chair.

Post Mortem Examination.—There was a moderate quantity of serous fluid found in the pleural cavity, without any membranous exudation; it looked, as serous fluids are apt to, where there is obstruction of the venous circulation and the effusion is passive. The pericardium contained a moderate amount of serous fluid, that was decidedly flocculent. On

scraping the pericardium with a scalpel, a considerable quantity of membraneous exudation was made apparent, which being very delicate and thin, could not well be seen except by this mode of examination. We were disappointed in finding so little of pericarditis. The point of interest to us was that the murmurs alluded to, should have been produced so rapidly, and so little could be found to show for them on the outside of the heart. In searching farther, we found the heart entirely filled with blood, mostly coagulated; on emptying this out, we found the disease to consist of *vegetation* of the strong and coarse variety, which was situated at the inner surface of one of the aortic valves, rising up from the tip of the valve and bent down behind it, in such a way as to obstruct the current of the out-going blood, and preventing complete closure of the valves, thus permitting free regurgitation; the valves are very decidedly thickened. It is quite probable that this vegetation was of considerable duration; a portion of it seems to have been recently formed. The constitution of this matter is that of a fibrinous granulation, without vascularity; a portion of it looks very much like recent coagulation. The highest portions have the usual appearance of vegation, being materially fibrillated, containing a great quantity of granules and some oily matter. Different portions of the mass appear to be of different ages. It seems quite evident that these vegetations must have been present, when the physician first made the examination, and no murmur was found.

DR. BAUER called attention to the importance of these vegetations in connection with the subject of pyæmia. From the researches of Virchow it was evident that these vegetations often became detached, were carried along with the blood until they become entangled in some smaller vessels, where they caused embolus, with its results of gangrene and multipular abscesses, which had often been erroneously ascribed to absorption of pus.

(For the details of a very interesting case of gangrene of the leg, in consequence of embolus in the deep femoral artery co-existing with vegetations in the heart, see *Gaz. Hebdom.* vol. v, p. 693.—REPORTER.)

DR. A. C. POST presented *a small piece of bone* which had formed a sequestrum, and was removed from the upper part of the tibia. It had caused a great deal of suffering. The specimen was of interest as showing how large an amount of irritation may be produced by so diminutive a cause.

Vegetations on the Mitral Valves—Uterus after Delivery.—DR. FINNELL presented the *uterus* and *heart* of a large fat woman, forty years of age.

Some fifteen years ago she suffered from a very severe attack of rheumatism; since that time she has had more or less pain and palpitation about the heart. On Sunday, a week ago, she was taken in labor with her eighth child. The labor progressed very slowly. The pains after some few hours having passed away, the gentleman in attendance thought it proper to use the forceps, and accomplished delivery. The patient went on very comfortably until the eighth day after confinement; on that day she went to bed about eight o'clock in the evening. When her husband came home, he went to her bed and found her, as he supposed asleep, with the child lying on her arm. He went out and returned in a few hours, and found her in the same position—dead.

On post mortem examination, a small amount of vegetation upon the free margin of the mitral valve was found. No lesion of any other valve was present. The pericardium contained about three ounces of fluid.

The *uterus* was presented in order to show its appearance one week after delivery. At the mouth of the uterus there are two lacerations, one large enough to admit of the passage of the finger. There is a very distinct corpus luteum on the ovary of the left side.

Perineal Stricture of the Urethra—Pelvic Abscess—Atrophy, with Calcific Degeneration of the Kidney.—DR. MARKOE presented a bladder and kidneys, with ureters attached, which were taken from a patient, forty-six years of age, who was operated upon at the New York Hospital, for perineal stricture, about one month ago. The patient was very carefully examined, but no gonorrhœal antecedents could be traced. He stated, that when a young lad about fifteen years of age, he had suffered from some difficulty about his water-works, attended with stoppage of the urine, and associated with the occasional passage of gravel, the exact quantity of which could not be ascertained. From that period he was never entirely free from some obstruction in the passage of his urine. As he grew up to the age of manhood he presented more distinct symptoms of stricture, but never required the introduction of an instrument but once. So he went on for nine years, without suffering very severely until about a year ago, when he presented himself to us. At that time there was an abscess forming, which broke; shortly afterward two secondary abscesses were formed in the perineal region. These rendered his life so exceedingly uncomfortable, that he was induced to apply for an operation. On examination the patient was found to be a man of tolerably good health and presented no evidence of any diseased condition of the urinary organs which led us to suspect the existence of any such organic disease as was afterwards found.

He was operated upon in the usual way by divid

ing the stricture. The operation was apparently as successful as in any case. For eight days after the operation the patient appeared to be perfectly well, and the case in every respect a promising one. The instrument was removed four days after the operation, after which it was introduced three or four times, with a view of keeping the passage open. At the end of eight days he was attacked with chills, pain in the perinæum, attended with fever, which led to the suspicion of the presence of unhealthy suppuration. The disease advanced very rapidly. Four days afterward, low fever, with muttering delirium set in and he died.

On *post-mortem examination* a pelvic abscess was found, which had formed about the neck of the bladder, running behind the pubis, the walls of the abscess being covered with a detritus, looking almost like a slough. The abscess had opened into the cut which had been made by the operation. The walls of the bladder were thickened and contracted. The right kidney was found to be exceedingly enlarged, and somewhat congested; otherwise it was healthy in structure. It weighed about twelve ounces, and the ureter belonging to it was dilated.

The *left* kidney has undergone a peculiar change indeed. In fact it has disappeared almost entirely, and there is in its place an irregular bony body about two inches and a half long, an inch wide, and little less than an inch thick. Within this bony encasement there was found a peculiar tarry fluid, of a reddish color. The bony encasement was not complete, but nearly so; it occupies about three-quarters of the mass. The rest is made up of a fatty material, which perhaps might represent the remaining portion of the structure of the kidney. The case then presents a striking instance of a most complete and thorough destructive process, the degeneration having taken the shape of calcific deposit, the structure of the kidney being destroyed, and the supra-renal capsule being converted into cholesterine. The ureter on that side was entirely obliterated; no instrument could be passed through it.

This case seemed to point to a very advanced condition of atrophy, and it is an interesting question whether this condition might not have dated back to his early life, at the age of fifteen, when he had what he called an attack of gravel, and perhaps the process was not completed until the time of his death, 31 years afterward.

Testicular Disease—Epidydemitis—Abscesses.—Dr. Markoe next presented a testicle which was removed from a patient in the New York Hospital. He was a man between 40 and 50 years of age. His history was very carefully studied, but no very certain evidence of constitutional syphilis was found, nor any clear marks of scrofula in early life, or at the time when he presented himself. He had on the right side an enlarged testicle, which he stated had been growing gradually for two or three years. It had never given him any very severe pain. Some weeks before he came into the hospital, an ulcer had formed on the scrotum, on the affected side, about the size of a two shilling piece, the edges of which were more or less inverted. From the slight protrusion of the ulcer, and from its remaining in this flattened condition for several weeks, not presenting any fungoid character, it was diagnosed as not being connected with the testicular substance. The patient had had primary syphilis, chancre treated with mercury successfully, followed by a bubo, but no secondary syphilis could be traced.

The disease progressed in spite of the treatment employed, and it soon became evident that removal of the testicle was advisable, and as the patient was anxious to get well, the operation was performed. On examination, after a very careful dissection, the testicle itself was found to be perfectly healthy. The epidydemitis, however, was found to be the seat of chronic scrofulous inflammation. It contained several small abscesses, varying from the size of a small bead to that of a hickory nut, containing thick pus and some more solid material. Whether these are tuberculer softenings, or whether they were merely the result of plastic inflammation, could not be decided, as a microscopical examination had not yet been made.

Dr. Bibbins presented six *uric acid calculi*, obtained from the same patient, $5\frac{1}{2}$ months old, from which he had shown specimens at the last meeting, making thirteen in all. Five of them were passed without assistance. The last one, which was a little more than a line in diameter, became impacted in the urethra, and had to be removed by mechanical means. As far as his inquiries extended, this was the youngest subject of uric acid calculi. For the eight years during which he had been connected with the Dispensary, during which time he had seen upwards of five thousand children, he had never seen a case in so young a child.

Dr. McCready referred to similar cases, which he had observed.

Dr. Gouley stated that he had seen the kidney of a child only a month old, the pelvis and infundibulum of which was filled with small calculi.

Dr. Bauer presented a heart and kidneys which had been taken from a patient in Brooklyn. The patient had been suffering sometime from asthma. During his last illness he presented a very marked bronze discoloration of the skin. This condition created a suspicion that there was some disease of the supra-renal glands. But a careful examination convinced him that it was nothing more nor less than icterus, modified by the asthmatic difficulty of respiration. On post mortem examination the heart

was found closely connected with the pericardium; the valves have also been the seat of disease. The heart is very much enlarged, the ventricles being increased at least three or four times their natural size. The lungs were healthy, with the exception of some traces of emphysema. The kidneys were found to be degenerated with dilatation of the ureters. The condition of the liver convinced him that there was very inefficient action of that organ, so much so, that the elements of bile were retained in the blood and deposited in the skin. The constant asthma may have modified the icterus to such an extent as to give rise to the bronze color, which was present.

The same gentleman presented a specimen of ulcerative inflammation of the intestines, and another of incarcerated hernia.

The Society then went into executive session.

EDITORIAL DEPARTMENT.

Periscope.

Alchoholic Liquors in Pulmonary Consumption.—Within these few years past, the use of alcoholic liquors, both as a preventive and a cure of consumption, has acquired some vogue, and received strong medical sanction. Among the few and prominent advocates of the practice, we may mention the names of Dr. J. B. S. Jackson, of Boston, and Dr. Peters, of New York, who gave the results of autopsies, which seemed to indicate its protecting power in this way. Since then, little has been done to test the accuracy of the opinions thus advanced, although the leaning both of the professional and general public in its favor has increased.

A question of so much importance as this could not be settled by citing a few individual cases one way or the other, and in view of this difficulty, the trustees of the Fiske Fund, of Rhode Island, offered, in 1858, a premium of two hundred dollars for the best dissertation on the following subject:—"The Effect of the Use of Alcholic Liquors in Tubercular Disease, or in Constitutions Predisposed to Such Disease, to be Shown, as far as Possible, by Statistics."

On the first of June of the present year, the trustees announced that the premium had been awarded to Dr. John Bell, of New York, whose essay we find published in the *American Journal of Medical Sciences* for October, 1839. Dr. Bell, after making free use of the statistics of England, and of Boston, New York, Philadelphia and Baltimore, especially in the numerical relations of phthisis and intemperance to each other, and pointing out the difficulties which embarrass the inquirer in this line of research, arrives at the following general conclusions:

"1. The opinion so largely prevailing as to the effects of the use of alcoholic liquors, viz: that they have a marked influence in preventing the deposition of tubercle, is destitute of any solid foundation.

"2. On the contrary, their use appears rather to predispose to tubercular deposition.

"3. When tubercle already exists, alcohol has no obvious effect in modifying the usual course run by this substance.

"Neither does it mitigate, in any considerable degree, the morbid effects of tubercle upon the system, in any stage of the disease."

Causes of Jaundice, as given by Frerichs, are of two kinds—those which are mechanical in origin, and those in which there exists no anatomical change to account for the symptoms. Of the mechanical sort, the most common is inflammation of the mucous membrane of large bile ducts. Partial obstruction of the ducts may also be produced by pressure of the colon distended with feces, of pregnant uterus, or of enlarged lymphatic glands. The gall ducts may also be obstructed by their contents, by impaction of gall stones, inspissated bile, and, very rarely, by foreign bodies—lumbrici, fruit stones, etc, which have entered the ducts from the intestine. The most intense jaundice results from complete obstruction of the hepatic duct, as through inflammatory adhesions, cicatrization of ulcers of its mucous membrane, impaction of foreign bodies, or cancerous growths. Most commonly, the obliteration of the ducts is caused by external pressure on them by cancer of pylorus, duodenum, head of pancreas, or hepatic tumor. Again, jaundice may result from cancer of the liver, hydatids, abscess, etc., its intensity depending upon the number of large ducts obstructed. Tumors on the concave surface are usually accompanied with jaundice, but those on the convex surface are not. The jaundice, connected with heart disease, and hyperæmia of liver, is generally limited to slight yellow discoloration of the skin and cornea. The non-mechanical causes of jaundice are mental emotions, ether and chloroform inhalation, snake bites, purulent infection and typhus.—*Med. Times and Gazette.*

A Case of Congenital Encephalocele is reported in the *Med. Times and Gaz.*, which projected from the posterior part of the cranium, and measured nine inches in its vertical circumference. The child lived nearly five weeks. An autopsy showed that the greater part of the tumor consisted of the cerebellum with some straw-colored fluid. It had escaped from an opening in the occipital bone, the result of arrest of bony development.

On the Treament of Chancres.—Dr. Sigismund, of Vienna, wishes to have attention called to his experiments on chancres and inoculated syphilitic pustules, which he has continued since 1842. Painting over from four to six times daily with *absolute alcohol*, induced rapid cicatrization of primary ulcers, commonly within three to five days from their appearance, while on inoculated spots it had the effect of preventing or absorbing the pustule.

Antimony.—We are indebted to a German monk, an alchemist of the 15th century—Basil Valentine—for the discovery of this metal. It is related that, having thrown some of it to the hogs, it purged them violently, after which they became fat; and, in the kindness of his heart, thinking that his brother monks might be benefited by a similar dose of this delightful medicine, he administered it. But the effects were fatal, for the monks died; hence, the medicine was called *anti-moine* or *acti-monk.*—*Scientif. Amer.*

Obstetrical Explosion!—Dr. Bedford is authority for the following illustration of error of diagnosis of pregnancy, in one of his lectures published in the *N. Y. Med. Press:* "The sufferings of the patient increased; she was urged to make the most of her pains—'to bear down and assist nature'—when lo! in the midst of one of those powerful efforts to 'assist nature', there was heard an explosion which struck terror into all present, the doctor included. The patient, as soon as she recovered from the prodigious effort which had occasioned the explosion, exclaimed: 'Oh! dear doctor, its all over; do tell me if it's a boy!' The explosion was nothing more than an escape of air from the bowels, the patient having mistaken flatulence for pregnancy, and the rumbling of gases in the intestines for the motions of the fœtus!"

Reviews and Book Notices.

On Diseases of the Heart By Austin Flint, M. D., Professor of the Theory and Practice of Medicine in the University of Louisiana, etc., etc. Philadelphia: Blanchard & Lea. 1859.

This is a valuable work on an important subject. Dr. Flint's well known energy, reliability and high mental endowments, as evinced in his previous publications, would lead us to expect a great deal of practical advantage from the perusal of any work bearing his name on a theme so important to the general practitioner as cardiac disease. He has succeeded in presenting the whole subject in a clear, methodical manner, which renders it easy for the student to master it, while we are glad to see that he has not "drawn out this brief into as huge a volume" as some writers find necessary to express their ideas. The mode of arrangement adopted has advantages over that which has been generally made use of by his predecessors in this branch of medical science. Dr. Flint considers first the elements, as it were, of cardiac disorders, and gradually advances to the more complex derangements, and is thus enabled to give a more physiological pathology than by any other plan. We regard this as an advance in the right direction. We shall never be free from empiricism and charlatanry until we are able to give the reasons for the faith that is in us; and this we can only do by becoming better acquainted with the laws of vital action, both in health and disease. The thanks of the profession are due to Dr. Flint for the able manner in which he has contributed his quota toward this grand object, and also to the publishers for the excellent style of the book as regards paper, type, etc.

There are two points on account of which we must qualify our praise of this work. The first is, such occasional carelessness as the use "dependent" for "depending," "sufficient" for "sufficiently," "auricular" for "auricle," which mars a style otherwise elegant. The other is the entire omission of any allusion to Dr. G. B. Wood's peculiar views of the active expansion of the heart during the ventricular diastole. Dr. Wood thinks that the heart, immediately after the passive diastole, suddenly enlarges itself forcibly, thus giving rise to the active diastole and the impulse. Dr. Flint maintains that the impulse is due to the elongation of the ventricles during their contraction, as proved by Pennock and Moore, and

by Dalton. The opinions of one who holds so high a place in medical regard as Dr. Wood, should be at least respectfully noticed. We hope to see both these faults remedied in a future edition.

A Practical Treatise on Enteric Fever; its Diagnosis and Treatment: Being an Analysis of One Hundred and Thirty consecutive Cases, derived from private practice, and embracing a partial History of the Disease in Virginia. By JAMES E. REEVES, M. D. 12mo. Pp. 200. Philadelphia: J. B. Lippincott & Co. 1859.

This little work has been on our table for some time, awaiting a more extended notice than we find we have space to give it. It is a carefully prepared and exceedingly practical and useful treatise upon a very prevalent form of fever, and is well worthy a place in the library of every physician. The author has taken great pains to obtain the views and practice of *country practitioners*, and this fact, in our view, adds *very greatly* to the value of the work, for we have ever regarded the opinions of the practical country doctor, who sees diseases in less complicated forms, than most of those do who supply us with our medical literature, as possessing a degree of value that entitles them to great respect.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 26, 1859.

REMOVAL.

In order to accommodate the rapidly increasing business of the REPORTER, and relieve the editors of much labor in connection with the publishing department of the work, we have found it necessary to take an office, where the business affairs of the work will be attended to by a competent person, whose whole time will be devoted to it.

This office has been located at *No.* 108 *South Eighth street, a few doors below Chestnut street*, in a part of the city that will be easy of access to both our city and country subscribers and friends.

We have received from the Secretary of the Scott County Iowa Medical Society, an official notice to the effect that Dr. Ignatius Langer, recently a member of that society, has been expelled from membership on several specifications of unprofessional conduct, particularly in connection with his treatment of females during pregnancy.

The fact that Dr. Langer is chairman of a committee of the American Medical Association on the subject of cutaneous injections, on which he was expected to report at the next meeting, gives us occasion to comment on the exceedingly loose manner in which the Association often appoints its special committees. It is not unusal for physicians not members of that body to get their names proposed as chairmen of special committees, apparently sometimes for the accomplishment of some selfish end, as they neglect the duties imposed on them at their own request, though, to be sure, they have gained the endorsement of the Association to their *ability* to report on the subject referred to them.

It is, of course, all well enough to refer special subjects to members of the profession of acknowledged ability to report on them. But when a man who is unknown to the profession, volunteers a special report, his services should be accepted only after careful examination into his standing and qualifications. The Association should guard more against being used as an instrument in advancing the interests of designing men.

As the constitution of the Association was so amended at its last meeting as to exclude from membership those who are not in good standing in their local societies, Dr. Langer will not be permitted to report on the subject assigned to him at the last meeting.

The Physician's Hand-Book of Practice for 1860.—This vade mecum of practical medicine and Visiting List for 1860 is, fortunately for the authors and publishers, issued in good season this year. It differs in several important particulars from other visiting lists published in this country. Its authors, Drs. W. Elmer and Louis Elsberg, have taken very great pains to perfect the work, having compared it diligently with works of a similar character in this country and Europe, and any one who will examine it will find that it gives evidence of great diligence in its preparation. They will be astonished to find how much information has been crowded into the chapters preceding the blanks for the records of daily visits, for which there are blanks for 550 patients.

We cannot mention each subject treated of, but there is a list of diseases, their diagnosis and treatment; a list of remedies, doses, etc.; Dr. M. Hall's ready method of treating asphyxia *with a descriptive cut;* poisons and their antidotes; the diagnostic examination of urine; remarks on writing prescriptions; weights and measures; medicated baths, etc.

With all that this work contains, its size is very convenient for carrying in the pocket, and those who desire to carry the essence of a medical library about them will find in this work all that they can desire.

The Hygienic and Literary Magazine.—Our friend, Dr. V. H. Talliaferro, of Atlanta, Ga., has changed the "*Medical and Literary Weekly*" into a monthly publication, and associated with himself in its editorial management, Mr. C. T. C. Deake and Rev. M. A. Malsby. The intention is to make it a literary work of high character, while a portion of it will be devoted, as heretofore, to the elucidation of the laws of health. There will also be an educational department. The first monthly number will appear the first of Decembear. We trust that our readers will support this enterprise, as, judging from the work which it succeeds, it will be very worthy of support. The subscription price is but two dollars a year.

Correspondence.

MEDICAL MATTERS IN DUBLIN.[1]

Sept. 5th.—On arriving at Dublin, I visited the celebrated Lying-in Hospital, Rutland Square. The present Master is Alfred McClintock, M. D., etc. He was present in the obstetric wards at the time of my visit, and on presenting my card, he received me most kindly, inviting me also to attend his clinic for diseases of females, which is at 9 o'clock. It is truly a grand hospital; there is nothing in England, Scotland, Belgium, Germany or France that can at all compare with it. "As a *charity* for the relief of human suffering in its most trying form, as a *seminary* for practical instruction in midwifery, and as a source of *obstetric data*, this hospital has more than realized the most sanguine expectations of its founder." In support of these assertions, Dr. McClintock stated that over 183,000 women have been admitted into the hospital during the century just closing. Secondly, that since the year 1786, upwards of 5,000 pupils, from every part of the civilized world, have received their obstetric education within its walls, and that it has given to the world the well digested statistical results of about 47,000 cases of labor. Such a collection of minute obstetric data, relating to every variety, complication, and phase of parturition, and its consequences has not been published by any other institution. This hospital is the result of the labors of one man. Surgeon Bartholomew Mosse, son of the Rev. Thomas Mosse, Rector of Maryboro', in Queen's County. He was born in the year 1712, served an apprenticeship to Surgeon John Stone, of the city of Dublin, and received a qualification or license to practice, in 1733, from the Surgeon General of the day. He also obtained from the College of Physicians in 1742, their license to practice the art of midwifery. Mosse being desirous of improving himself in surgery and midwifery, traveled into England, France, Holland and several other parts of Europe. In this tour he paid particular attention to the hospitals of the countries through which he traveled, as before his departure from home; he had become convinced of the great usefulness, if not necessity, of having an hospital for lying-in women in the city of Dublin.

The circumstances which most strongly led him to believe in the existence of this necessity, were: 1stly, the privations and miseries endured by the women of the humbler classes, especially among tradesmen, during the time of child birth; and, 2ndly, the insuperable difficulties that existed to the acquisition of obstetric knowledge in Ireland, insomuch that medical men were obliged to resort to some of the continental schools to learn midwifery.

Having matured his plans, he took a large house in South George's street, furnished it with beds and other requisites, and opened it for the reception of patients on the 13th March, 1745. This hospital was maintained entirely by Mosse himself for a considerable time; subsequently, however, voluntary contributions came in. Besides this source of income, he obtained some money by concerts, oratorios, &c., which he himself planned, and the expense and risk of these he solely sustained. This continued to be the hospital till the 8th December, 1757, when the present building was opened. We cannot, in this hasty sketch, follow him in all his difficulties and trials; but ultimately, by obtaining one or two grants from Parliament, by 8th December, 1757, the present hospital was finished for the reception of patients, and formally opened.

"Thus Mosse had the gratification of seeing the hospital completed. The toil, the anxieties of many years were at length rewarded. The object of his

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[1] A communication to the MEDICAL AND SURGICAL REPORTER, by Laurence Turnbull, M. D., Surgeon to the Eye and Ear Department of the Howard Hospital and Infirmary for Incurables of Philadelphia.

highest ambition had now been obtained, but he was not destined long to enjoy this happiness.

The effects of protracted mental and bodily fatigue began to show themselves, now that the urgent stimulus to exertion was withdrawn. Symptoms of serious disease appeared within twelve months from the opening of the hospital, and on the 16th February, 1759, he expired in the 47th year of his age.

Such, remarked Dr. McClintock, is the man who, undismayed by difficulties, unmoved by slander, and undeterred by want of means, resolutely prosecuted his great design of founding "an institution capable of freely receiving within its walls all who might apply, having poverty for their plea, and the pains of approaching child-birth as the grounds of their request." May we not well feel proud to claim him as one of our common profession?

Dr. McClintock visits the obstetric wards every day at 10 o'clock, and his senior assistant the same wards every evening. In his visits in the morning, he is attended by his assistants and three or four students. The women are admitted, day or night, as soon as labor pains have commenced. Should they be false pains, they again return to their homes. The assistant or medical man on duty attends upon the cases in rotation; they are delivered in a small ward near the main wards on a low, narrow bed, with a sheet or cloth attached to the head of the bed; they are all delivered on the side. After the labor is completed, and the placenta is delivered, for which in every case they wait 20 minutes before making any effort to extract it, a large linen bandage is applied, with considerable tightness, as low as the trochanter major, and the woman wrapped in blankets, is transferred to the ward, being carried by the nurse, (not made to walk, as in some hospitals.) They remain in the hospital until the 8th day, and if well, are then discharged. No one is admitted to see them until the third day, and then only by a ticket from the Master. Simple hardness and fulness of the breast is treated by a cloth applied, called a "cire-cloth," which consists of a mixture of wax and oil spread upon a linen cloth. If the nipples are retracted, a small gum-elastic bottle is applied, and exhausted until the nipple becomes of the proper shape. If the breast is not disposed to become soft, and an abscess is about to form, a lotion of the hydrochloride of ammonia is employed, with vinegar applied cold; but if there is a chill, or a disposition for matter to form, this is changed, and warm fomentations are applied. As soon as the matter points, it is evacuated. For irritable nipples, the following ointment is employed:

℞. Zinci oxidum, ℥i.
Myroxylon, ℥ ss.
Ol. amygd.
Ceræ alb., āā ℥ ss.
Mellis, ℥i. M.

Or a wash of borax and prepared chalk, equal parts, in rose water in cases where there are cracks or fissures in the nipple.

They as a rule give the woman, when she comes in, a laxative, and, therefore, do not, in every case, give a purgative on the second or third day. I saw in the wards three cases of, what Dr. McC. called *cellulitis*, namely, an inflammation of the cellular tissue over the ilium, with swelling in the groin, pains and hardness, with fever; and in one case it had suppurated, so as to cause a discharge of pus by the bowels. His treatment of the acute cases, was local depletion, with moderate doses of calomel and opium, followed, when the case has become chronic, by the internal use of tonics and stimulants. Local application, in acute cases, leeches, and in the chronic, the ung. hydrarg. over the surface.

Dr. McC. passed carefully through the wards with us, filling up the diet book, which is very moderate for the first few days; but if the case demands it, he administers beef tea, porter, egg, etc. Every patient receives clean sheets every day. There are as many as forty pair for each ward. Everything that has been used is removed, and they are kept well aired with an abundance of pure air. The original hospital building had a large area of open ground around it, now partly occupied by new Hospital buildings, public rooms, and rotunda garden. In the event of a patient becoming very ill, she is removed into another small ward, so as to allow her friends to be near her, and thus if she should die, she is not seen by any of the patients in the wards. Everything about the Hospital is clean and neat, with a large attendance of most excellent nurses.

Sept. 6th. This morning visited the obstetric wards, and saw two cases delivered. Everything was conducted with as much care and delicacy as at the patient's home. The attendant in one case was the senior assistant, and in the second, a surgeon of her Majesty's forces in India, who all have to be now well versed in midwifery. Indeed, by the new arrangement, they must have attended from 11 to 25 cases, and some of the examining boards require even more. We then passed into the wards for diseases of women, which are entirely removed, and on the left side of the main building. There were a number of cases to be seen by the master, many from the country. These were in a room by themselves, and were admitted into the examining room, each in turn, fixed upon the bed, the speculum introduced, and if there were anything of interest, we were admitted to see the cases. The application was made, we then all withdrew, and a second was admitted, nothing being stated of the disease in the presence of the patient, but told to us in the main ward. There were cases of abrasion of the surface of the os uteri and ulceration. The applications

consisted of tinct. iodine, solution of nitrate of silver, ℥ii to f℥i of water. He showed us a very interesting case, in which he had removed the entire neck of the os uteri, by the operation of ecrasement, which had done well, the cicatrix being round and smooth, avoiding much of the trouble some hemorrhage which always attended the application of the knife. In speaking of abortion, he told me of the disadvantage of using strips of linen or muslin as a plug; for in a case which came under his care, hemorrhage was kept up for years by several threads in the os uteri, which being discharged, the case got well. He therefore always advised the use of the silk hankerchief or pieces of sponge. He also advises, in all cases, to use the speculum. The method of Scanzoni, he remarked, was first to introduce a bag, and then fill it up with tow, cotton, or wool, and thus we are sure to remove all. He stated that this distinguished accoucheur had received £5,000 for the safe delivery of the Empress of the Russias, wife of Alexander. I then left the wards, when Dr. McC. took me into his private museum and lecture room, and showed us some most interesting specimens of fibrous polypi of the os uteri, fibrous tumors, cysts, a case of placenta prævia, with the placenta attached to the uterus, with numerous cases of monstrosities, and many most interesting pathological specimens.

The following rules, to be observed in attending lying-in women, are so good that I have copied them for the benefit of the young beginners in midwifery. I received them from Dr. Alfred H. McClintock, the distinguished President of the Dublin Obstetrical Society, and Master of the Hospital.

"I feel it a duty to lay down certain ethical rules for your observance whilst attending here. This I do the more readily, because these precepts do not merely apply to your conduct when frequenting our wards—no, they must also be followed out in private practice, and be consistently adhered to in your attendance upon lying-in women, whatever may be their rank or class in society.

"1. In the first place, then, never for a single moment forget that these patients, one and all, belong to the weaker sex, and that you see them under their sorest trial, and at the time of their greatest bodily suffering. In common with all other sufferers, they claim *humanity* and *gentleness* at your hands. But this is not sufficient. You must exercise toward them the utmost *forbearance* and *delicacy*. In the extremity of her anguish, the parturient woman will sometimes utter expressions of impatience or of reproach, which she is unconscious of or cannot control. She may be restless or refractory, setting at naught your advice and disregarding injunctions. On all such occasions you must make the necessary allowance for the patient, and instead of minding her intractable behavior, you should redouble your efforts to diminish her sufferings and to sustain her flagging energies. Never allow yourselves to be betrayed into using a harsh word or rude act toward the patient. It might apparently escape notice at the moment, but most assuredly it would not be forgotten. Prolonged pain and deferred hope are trying to the temper, even of those who have the best regulated minds. No wonder, then, if irritability or petulence should be evinced by some of our patients, we should rather regard it as one of the physiological manifestations connected with parturition. By accustoming our mind to this way of thinking, we shall the better preserve that equanimity and self-possession so requisite in the puerperal chamber. Now, this is your proper course, irrespective of all consequences, but I can assure you such a line of conduct will bring its own reward.

"2. Not less incumbent upon you is it, that your ministrations upon the *accouchée* shall be marked by *delicacy*, both in word and deed. Everything that would needlessly hurt or offend the feelings of our patient must be *studiously avoided*. In acting so we fulfil a sacred duty. Ocular and manual examinations have to be made in the course of labor, which are, of necessity, irksome and disagreeable; but on the faith of their being absolutely requisite, for the benefit and preservation of herself and offspring, no sensible, right-minded woman, after being so informed, raises any objection to these inquiries being instituted. You must be careful, therefore, to remember, and to act upon this tacit understanding. He who disregards it inflicts an uncalled-for wound upon female delicacy, and is guilty of a breach of faith toward his patient.

"I can tell you it oftentimes happens, when a patient may appear to you so absorbed in her physical suffering as to take no cognizance of your acts, that she *will* do so nevertheless—so sensitive is that feeling of modesty enshrined within the female breast—and though, at the time, this forgetfulness on your part may pass apparently unnoticed, yet without fail it will be remembered to your disadvantage. You will find it a good maxim in private practice, never to make any inquiry of the patient which may be obtained through the medium of the nursetender. I have known men, otherwise well qualified, lose practice through inattention to these rules; and I am perfectly satisfied that by habitually consulting the feelings of your patients, and respecting the claims of delicacy on all possible occasions, you shall grow in their confidence and estimation—thereby showing, in one of many instances that might be adduced, how the path of moral duty and self-interest entirely coincide.

"3. A third precept there is, which I would earn-

eastly beg of you to remember when engaged in the practice of midwifery here or elsewhere, and it is this: *never to go to a case of labor without previous careful ablution of your hands, and changing your clothes if you have been about a patient with erysipelas, diffuse inflammation, or fever of any kind whatsoever.* I keep in the labor ward a jar of solution of chloride of soda, and I require that pupils, when coming on duty, shall make careful ablution of their hands with some of it. Experience has also shown that this terrible malady, puerperal fever, may be induced by contagion or infection, carried to the lying-in woman in the clothes of the attendant, from patients laboring under the diseases already mentioned, namely, erysipelas, diffuse inflammation, pyæmia in every form, and malignant fevers of different kinds.

"Now, if it be a matter of importance—of moral obligation—to use these precautions in private practice, where a single patient is the object of your care, surely it becomes doubly, trebly incumbent upon you to do so in hospital practice, where you will come in contact with two, three, four, or perhaps more lying-in women.

"4. There remains one more caution, which I think it expedient to lay down for your guidance in the puerperal chamber. *You should keep a strict guard on your conversation, manner and expression towards the patient and within her hearing, so that she may not, through you or from you, come at the knowledge of any fact or opinion which might depress or disturb her mind.*

"This is, without doubt, a golden rule of obstetrical ethics, and should never be forgotten in all our intercourse with puerperal patients. But it is not every man who possesses this habitual caution and reserve; a few, indeed, have it by nature, but with most of us it has to be acquired by careful discipline and mental training. It is, without doubt, desirable that the physician should at all times exercise this caution and self-command in the sick room; but these qualities are pre-eminently necessary in his attendance upon women in child-bed. Wanting them, the accoucheur, no matter how proficient he may be in the knowledge of his art, can scarcely be considered competent to practice it with success. I have sometimes been distressed beyond measure at observing the immediate ill effects produced by an indiscreet remark, and unfavourable opinion, or a grave prognosis, uttered in the hearing of a patient, at a time when her life seemed trembling in the balance. It is seldom you will be able, by any process of reasoning, to remove the unfavorable impression which the ungarded look or word has made. "Verbum semel emi-sum volat irrevocabile."

During our stay in Dublin, also visited the Richmond Hospital, and was interested with the large collection of pathological drawings, the most perfect that I ever looked upon. The museum contained a large number of casts of various forms of diseases of the joints. Especially of interest was the rheumatic inflammation of the joints, so ably described by the distinguished surgeon, Sir Wm. Adams. This Hospital consists of three departments—Surgical, Poor House, and Fever, the latter department being entirely separated from the others.

My next visit was to the Dublin Prison and Stevens Hospital; I found the prison under an admirable system of rewards and punishments, good behaviour being rewarded by kindness and consideration. The Medical Department of this fine establishment is under the care of my friend, Dr. R. McDonald, a gentleman well qualified for the important post. He is also a lecturer on surgery at the Richmond Hospital School of Medicine. The Stevens Hospital is a fine institution, and the lady who left the money for the endowment of so noble an institution, deserves much credit. Their museum is small, but interesting. There is also a School of Medicine attached to this institution.

At the invitation of the most distinguished of the ophthalmic surgeons of Dublin, Dr. Jacob, I visited on the 9th, the Dublin City Hospital, and after examining three cases of cataract, operated upon by that gentleman, and a case of entropion, with some minor cases. He operated at 11 o'clock upon a case of double cataract, with his round needle, which he selected from No. 7 paper of needles; it is curved and bent at the point, and is five-eighths of an inch in length, with a point ground off at each side. By it, he required no assistance; the round needle acts like an ophthalmostale, so that he could rest before concluding the operation; the patient declaring that he suffered no pain. He always operates through the cornea, having found, from long experience, that it was much the safest method. In his ward he had blue blinds to the windows, but he thinks it better for patients to have the natural light. After the operation, he kindly presented me with the needle with which he had operated. L. T.

News and Miscellany.

Removal of St. Thomas' Hospital.—This ancient institution, which has occupied its present site in London since its foundation in the year 1215, has taken up with the spirit of progress of the present times, and is to be removed to a suburban location, ten or fifteen miles from the city, on the line of one of the railways.

Much argument is offered in favor of the rural location of hospitals—such as the advantages of space, fresh air and good water—but

the *Med. Times and Gazette* remarks that "it would, of course, be necessary for the governors of the hospital to provide a small establishment in town for the immediate reception of sufferers from accidents and attacks of acute disease, and for the transfer into the country of all cases that are likely to require lengthened treatment." The inconveniences of a suburban location would, it is thought, be much more than counterbalanced by the removal to a healthy situation in the country.

Surgeon D. C. Green and Assistant Surgeon Bennett Green, were passengers on the North Star, which recently narrowly escaped being wrecked, with nearly 800 passengers aboard. They have been ordered, with a relief company, to the Saranak, on the Central American station.

It is proposed to lay out six parks in Brooklyn, at convenient points of access, with avenues leading from one to another. The expense will not be large, while the advantages will exceed those possessed by any city in the world.

Dr. Winship, the athlete, who is now delivering popular lectures in various places on "physical culture," has added 103 pounds to the amount which he is able to raise from the floor with his hands, making the total now 1,032 pounds.

Leave of absence for sixty days, for the benefit of his health, has been granted to Assistant Surgeon P. A. Quinan, Medical Department.

Compressed Air as a Means of Ventilation.—A French company propose to supply the city of Paris with powerfully compressed air, to be condensed outside the city, and be conducted in strong pipes to wherever it is needed for the purpose of driving machinery, blowing of smelting furnaces, and it is also suggested that it may be used effectively in the ventilation of dwellings, hospitals and sewers. It is intended that it should take the place of steam as a motive power, and the amount of power consumed they propose to measure by a meter.

The Physician in Ordinary to the Queen.—The *Med. Times and Gazette* says that the report that Sir James Clark had retired from his post of Physician in Ordinary to the Queen of England, is incorrect. "It is true that Dr. Baly was recently appointed Physician Extraordinary to the Queen, because Sir James Clark is now approaching an age when his regular attendance on her Majesty and the royal family might, from various causes, be interrupted; and it was not unnatural that the Physician who might ultimately become his successor should be selected at an age considerably junior to Sir James, in order to prevent the Queen and royal family being subjected to frequent changes of the ordinary medical attendant. This is the true explanation of Dr. Baly's appointment, and of the fact of his recent attendance in the North; but the statement that Sir James Clark has retired, is altogether premature."

Medical Ambrotypes.—An enterprising and ingenious artist has circulated the following among the medical students of this city:

"Special card to medical students.—Ambrotypes and enamelled photographs.—The illustrated back-ground, representing the interior of a physician's office, and exhibiting the sitter as surrounded with the appliances of his profession, viz: a representation of the human skeleton, book-case, library, table, bottles, vials, etc., etc. The effect is both novel and pleasing, and especially appropriate to the disciple of Æsculapius. He is represented in the picture as comfortably seated in his office, with the various surroundings illustrative of his honorable profession. The possession of such a memento will, in after years, recall to mind pleasing recollections of that interesting period associated with the lecture room and the Alma Mater."

As the artist is evidently non-professional, and has not studied all the effects which may add to the imagery intended, we will offer to the sitter a few suggestions, which will make his picture a more perfect personification of medicine.

While sitting he should stand up with professional dignity.

The expression of countenance, to evince a respect for primitive medicine, should be as hippocratic as possible; and if Vesalius be his tutelary, he may, in imitation, strongly contract his musculi pathetici oculorum.

The gold head of his cane should be placed knowingly beneath his nose, as if to assist in supporting the superincumbent weight of brain.

If the sitter is surgically inclined, he may be represented composedly picking his teeth with a catlin.

Both front and rear views should be represented. In the latter stern aspect should be seen a pair of long obstetrical forceps sticking out of one coat-tail pocket, and from the other should project his "sheep skin," which, being prepared for the occasion, should be tanned with the tail on.

The pockets in the inguinal regions should be conspicuously everted. The expressiveness of the latter allegorical effect will be heightened and made more suggestive by having a collapsed pocket book placed on the table.

The "back ground" alluded to by the artist, to give a finish to the picture, and to cover up any bad work, should be a burying ground.

Various additional professional insignia might also be placed on the table, such as a syringe, speculum, some teeth with long fangs, snakes in bottles, and a copy of the last number of Reese's American Medical Alligator.

The following is set down as the relative heating values of different kinds of American wood:—Shelbark hickory, being taken at the highest standard, 100; pignut hickory 95; white oak, 84; white ash, 77; dog-wood, 75; scrub oak, 73; white hazel, 72; apple tree, 70; red oak, 69; white beech, 65; black walnut, 66; black birch, 62; yellow oak, 60; hard maple, 59; white elm, 58; red cedar, 50; wild cherry, 44; yellow pine, 74; chestnut, 52; yellow poplar, 52; butter nut, 52; white birch, 49; white pine, 42.

Distribution of Animals and Fishes.—As on land, in tropical temperature, the animal creation is much more numerous than in colder regions, so, too, as the naturalist proceeds from south north in the European seas, he finds a vast diminution in the number of genera and species of marine animals. Thus the number of species of fishes in the Mediterranean seas is 444; in the British sea, 216; in the Scandinavian sea, 170; and the species of marine mollusca in the same three marine provinces are respectively 600, 400, and 300.

A "Tall" Family.—A correspondent of the Ohio *Citizen* furnishes the following list of a tall family, in Bourbon county, Ky.

The old gentleman is a native of Maryland, and is in his 70th year, was brought to the State of Kentucky when quite young, and has raised his family in the above county, consisting of six sons and three daughters.

In the following table the height and weight of the entire family are given:

Father,	6 feet 4 inches,	200 pounds.
Mother,	6 feet 4 inches,	286 pounds.
Thomas,	6 feet 4 inches,	230 pounds.
James,	6 feet 6 inches,	215 pounds.
Sarah,	6 feet 6 inches,	165 pounds.
John,	6 feet 11 inches,	296 pounds.
Mary,	6 feet 2 inches,	150 pounds.
Elijah,	6 feet 2 inches,	210 pounds.
Matthew,	6 feet 6 inches,	220 pounds.
Eli,	6 feet 6 inches,	197 pounds.
Daughter,	6 feet 3 inches,	160 pounds.
Total—height,	70	Weight, 2,298 pounds.

The family are all living, except the youngest daughter, are all wealthy, and of the first families of Kentucky. I might add several of the grandchildren are over 6½ feet, and are still growing.

Medical Chemistry.—We have received a circular, signed by Messrs. James C. Booth and Thos. H. Garrett, and Dr. J. J. Reese, who propose to give instruction in Practical Chemistry, Mineralogy, and Geology. These gentlemen are very capable of giving instruction in these departments, and we trust that they will receive encouragement. Their office is in Chant street (College avenue) rear of St. Stephen's Church, Tenth street, above Chestnut.

A person in Humelstown, Pa., died lately from arsenical poisoning, produced by the application of arsenic to a cut surface, from which a wart had been removed. . . . Mr. Telesphore Lois, a Belgian, has accepted the invitation of the Brazilian Government, to navigate the river Amazon to its source. He has engaged a party of sixty-four to accompany him. . . . The lake discovered by Dr. Livingston, in Central Africa, is called Lake Shiriva. It is twenty or thirty miles wide, and fifty or sixty long, and is two thousand feet above the sea. . . . M. Langlais affirms that the vesicles of clouds and fogs contain watery vapor in their interior, and not air, as is usually supposed. . . . Some professors of the town of Murcia, in Spain, have been deprived of their offices, in consequence of their having left the town during the time in which the cholera was prevailing. . . . Mr. Stephenson, the great engineer, bequeathed fifty thousand dollars to the Newcastle Infirmary, which is located in the vicinity of his birth-place, and late residence.

To Correspondents.

W. M., Ohio.—The use of propylamin in the Philadelphia Hospital, we have been informed by Dr. Ludlow, has resulted in its being condemned as inert, or at least as having no therapeutic value. Its use has been abandoned.

B. E. C., Virginia.—Collodion, if of good quality, will hold with remarkable tenacity, provided the part be entirely free from moisture. For surgical purposes, we consider the article of no value, as the adhesive, or isinglass plasters, are always more convenient and efficient.

M. D.—Dr. Hamilton's work on Fractures will soon be published, by Blanchard & Lea.

Galen.—There is nothing in the Code of Ethics which can be made to object to a physician keeping a drug store, *provided he does not deal in patent remedies or nostrums.*

Student.—There is no examination held for the office of Resident Physician in the Pennsylvania Hospital. The appointments are made by favor, or the influence of recommendation.

Dr. J. F. N., Mississippi.—The price of Chassaignac's improved ecraseur, the best in use, is $20; Headland on the Action of Medicines is $1.75. They can be sent by express at a moderate expense. Books can be sent by mail. We will attend to your orders for you.

COMMUNICATIONS RECEIVED.—*Illinois*, Dr. W. McKnight, (with encl.,) Mr. J. Hulme—*Mississippi*, Dr. P. B. Scott, (with encl.)—*New York*, Drs. Kiernan and O'Meagher, W. A. Townsend & Co., Dr. Mark Stevenson, (with encl.)—*New Jersey*, Dr. D. B. Trimble—*Pennsylvania*, Dr. J. L. Stewart, (with encl.,) Mr. J. Hulme, Dr. R. H. Patterson, Dr. A. G. Walter—*Virginia*, Dr. W. H. Triplett.

Office Payments.—Dr. D. M. Tindall, Dr. J. V. Schenck, Dr. Beaumont.

Missing Numbers—Have been sent to Dr. R. H. Patterson, Pa., Dr. L. D. Personette, Ind., Dr. C. H. Covell, N. Y., Dr. W. W. Wall, Geo.

—o—

MARRIAGES.

GILFILLAN—LADD—At Westchester, N. Y., Nov. 15th, by Rev. C. D. Jackson, D. D., Dr. William Gilfillan, of St. Louis, Mo., to Miss Carrie M. Ladd, of Throg's Neck, N. Y.

WILLIAMS—CULBERT—On the 22d inst., by Rev. Wm. P. Breed, J. S. Williams, M. D., and Miss Lizzie Culbert, all of this city.

POTTER—CLOUGH—In New York, Nov. 2d, by Rev. Dr. Gillette, Frank W. Potter, M. D., of Oswego, to Miss Nellie P. Clough, of that city.

RUTTER—POLLOCK—In Williamsport, Pa., 17th inst., by the Rev. W. Simonton, Mr. James H. Rutter, of Chicago, Ill., and Miss Sallie W., second daughter of Dr. Samuel Pollock, of Williamsport.

DEATHS.

BERGHAUS—At Harrisburg, 17th instant, Dr. Henry C. Berghaus, aged 84 years and 6 months.

MINER—In New York, Nov. 16th, William Miner, M. D., in the 45th year of his age.

PERRY—In Boston, Nov. 18th, M. S. Perry. M. D., a distinguished physician of that city.

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Emeritus Professor of Surgery in the University of Penna.

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The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

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REFERENCES.

George W. Norris, M. D., Surgeon to the Penna. Hospital.
E. Hartshorne, M. D., " " "
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
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D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
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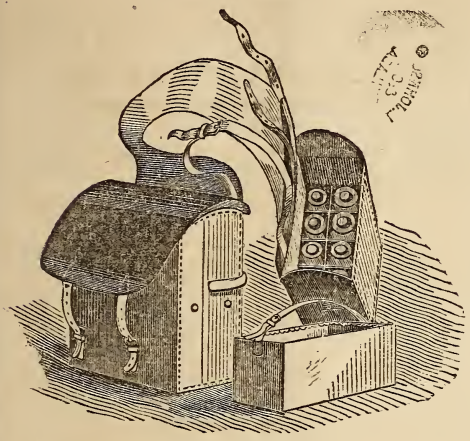

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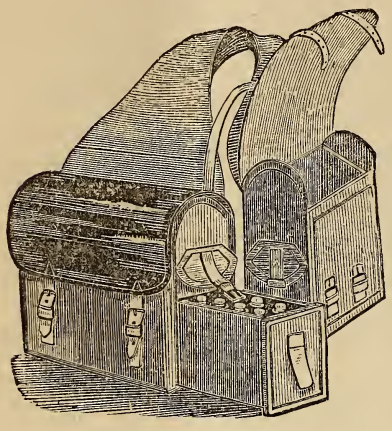

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	" 6 & 11 " 20 1 oz. " "	9 50
Ext.	" 11, " 20 1 oz. " " with pockets,	10 25
A.	" 11, " 24 1 oz. Fluted Prescription Vials,	8 75
	" 13, " 16 1 oz. Ground Stopper Bottles,	8 50
A.	" 13, " 20 1 oz. Fluted Prescription Vials,	7 75

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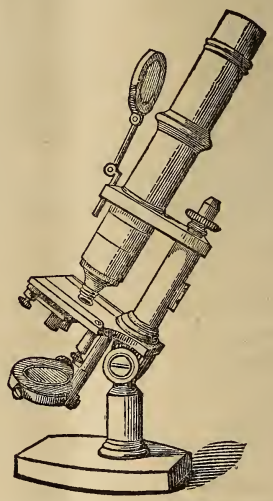

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 163. } PHILADELPHIA, DECEMBER 3, 1859. { NEW SERIES VOL. III. NO. 10

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 17.

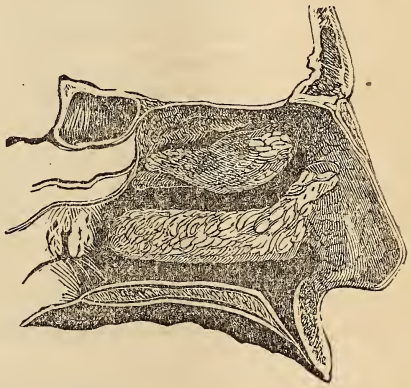
NASAL REGION, (continued.)—*Practical Remarks.*—The inferior and middle meatuses are the only ones whose capacities will admit of instruments, the superior being only a narrow fissure, and situated almost at the summit of the outer wall. The longitudinal and vertical extent of these passages diminish from below upward, the inferior being the greatest, the middle next, and the inferior the least.

To traverse the inferior meatus it is only necessary, after entering the anterior nares, to elevate the hand so as to depress the instrument in order to reach its floor, (the entrance being somewhat above its level,) and then to direct it directly backward. The middle meatus is placed between the inferior and middle turbinated bones, and, to gain access to it, the operator must get above the former, the anterior end of which is on a level with the upper part of the anterior naris. Therefore, after entering this last opening, the instrument would have to be directed upward toward the nasal bones first, and subsequently the hand elevated so as to direct it in the longitudinal axis of the passage, in which case it would not not only press against but elevate somewhat the cartilaginous naris.

If the cartilaginous walls of the nose be dilated by the blades of a forceps introduced into the naris, and a good sunlight be allowed to fall into these cavities, a very extended and satisfactory view of their interior may be obtained.

Communicating with the meatuses are several accessory cavities. Into the upper empty the sphenoidal and posterior division of the ethmoidal cells; into the middle, the frontal, anterior groups of the ethmoidal cells and the maxillary sinuses; and into the lower the tear ducts. Into all these complex recesses the nasal mucous membrane is prolonged.

Fig. 21.



The annexed figure represents a section passing on one side of the nasal septum, and exposing the outer wall of the fossa, with its three turbinated scrolls of bone, and the dark spaces between representing the three meatuses. The dark surface behind the upper spongy bone represents the sphenoidal cells, and those above the root of the nose, the frontal sinuses.

The mucous membrane lining these collateral chambers is surmounted by a ciliated epithelium, and is of a much higher color than in the nasal fossa.

Frontal Sinuses.—These chambers do not exist at birth, but begin to appear before the second year of childhood, after which they

continue to enlarge until the latest period of life. A partition generally divides them into two unequal groups. Externally they may extend as far out as the external angular processes of the frontal bone. The degree of prominence of that part of the bone just above the root of the nose, will pretty accurately express their development. Their anterior and posterior walls are formed by the external and internal tables of the frontal bone, and these cavities seem to be enormously expanded diploic cells. Though these air chambers are confined to the bones of the head in mammals, being filled either from the nasal or pharyngeal cavities, yet in birds we see analagous chambers in the long bones, which are filled with air from extensions of the lungs into the communicating pneumatic foraminæ. These air canals in the little humming bird penetrate every bone of their skeleton, even the small phalanges.

In certain immense sloths, now extinct, the entire cranium consists of two bony strata, supported by some intermediate columns, the whole being an extended air chamber. As such were leaf-devouring animals, this mechanical arrangement was well calculated to defend the brain from the falling boughs. A somewhat similar formation exists in the cranium of the elephant. In animals, as the ram, giraffe, &c., capable of dealing formidable blows with the head and horns, these latter organs are supported upon tables similarly arranged, without which such terrible strokes as they sometimes deliver would be almost sufficient to dash out their brains.

The most prominent part of the anterior wall of these sinuses is the nasal tuberosity, situated immediately above the root of the nose. It is covered by integuments, nasal extensions of the occipito-frontal muscles (*pyramidales nasi*) and periosteum. Both the skin and muscles are quite loosely attached to the subjacent parts.

Arteries.—The frontal and ethmoidal sinuses are supplied from the ethmoidal branches of the ophthalmic; the integuments, from the frontal arteries, branches of the ophthalmic, which pass upward, one on either side of the median line, communicating freely with each other.

Nerves.—The frontal nerves, twigs from the fifth pair, accompany and have a similar distribution with the arteries.

Practical Observations.—The continuity of the nasal, frontal and ethmoidal mucous membrane, admit of a wide extension of disease. The very common feeling of stricture across the lower part of the forehead, accompanying attacks of influenza, is to be explained in this way. This symptom, as a result of chronic catarrhal inflammation of the nose, augurs always great obstinacy in the disease. There are some very singular affections of this membrane, characterized by periodicity, an example of which came under my care the present year, in the case of a young man who, for several years, had been seized with a severe nasal catarrh invariably on the 20th of July, and lasting until the 1st of September.

The extended and complex arrangement of the mucous membrane demonstrates the folly of employing washes or unguents in diseases (such as ozœna, for instance) which may have penetrated these distant labyrinths. Morbid growths, which form within the frontal cavities, may appear in the nasal fossæ, or they may develop externally, by carrying before them the anterior wall of the sinus, so as to form a tumor over the forehead. The integument, after an injury received over this portion of the bone, may become emphysematous. Such a condition will indicate fracture of the walls of the sinus and laceration of the lining membrane—the air reaching these chambers from the nose, and escaping into the soft parts through the fissure. The space between the two walls of the sinuses will admit of a great depression of the external table without the occurrence of cerebral compression. The want of parallelism between these two tables require that when a trephine is to be applied over this region, (which should be avoided, if possible,) two instruments ought to be employed, the smaller for the inner table.

The mucous lining of the sinuses is very light colored, and undergoes a movement in respiration which should be remembered in

injuries exposing these cells, as such appearances might be confounded with the membranes of the brain and the pulsations of the latter organ. The sinuses are very abundantly supplied with blood vessels, and when wounded, bleed profusely. The hemorrhage which takes place from the nose after a blow on the forehead may proceed from these vessels. Incisions above the root of the nose, for the removal of growths, should be made vertical, that they may conform to the direction of the subjacent muscular fibres. The mobility of the skin here will admit of the ready approximation of wounds. For the same reason it may be readily transferred to the face, with a view to construct a nose, according to the methods of plastic surgery. The vitality of such a flap will be well maintained by the trunks of the frontal arteries.

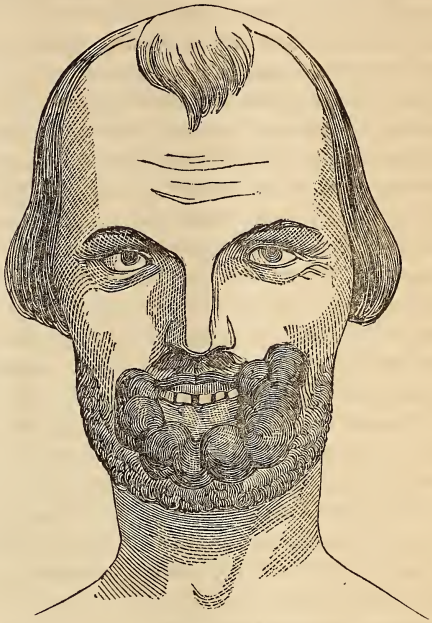
Extirpation of the Entire Lower Lip; of the Glandulæ Submaxillares and Sublingualis; Resection of the Rami Horizontales of the Lower Maxilla, for Cancer—Cheiloplasty.

By A. G. Walter, M. D.,
Of Pittsburg, Pa.

Nicolaus Huebner, a German laborer, 63 years of age, of good constitution, and youthful activity, entered my hospital on April 14th, 1859, with extensive ulceration of the lower lip, suffering excessive pain.

Being loathsome to himself and friends, he had attempted suicide, some two weeks ago, by jumping into the river, but was rescued.

The history of the case is as follows: Six months ago a wart appeared on the left angle of the mouth, which soon assumed the character of fungous granulation, spreading over the whole lip, beyond and above the angles of the mouth, and over the chin. The remnant of the lip was everted, while the fungus was very prominent, covered with offensive bloody matter, and excavated in the middle, leaving the periosteum of the alveolar process, and the incisor and canine teeth of the lower jaw exposed. There was then no enlargement of the submaxillary and sublingual glands, but great pain in the diseased parts, with irritative fever. His constitution, otherwise excellent, began to feel the inroads of the cancerous infection. Relief was offered him by removal of the diseased mass, to which he willingly assented.



Assisted by several medical friends, the patient being fully etherized, the carcinomatous mass was extirpated, by incising first the angles of the mouth into the cheek, to the extent of 1½ inches, and circumscribing the fungus by two lateral elliptical cuts, which met some distance below the symphisis menti. The flaps of the cheek thus formed, were dissected from the lower jaw, to admit of the passing of a curved trocar behind the inner face of the maxilla, through the canula of which a chain saw was carried, and the symphisis menti obliquely resected on each side, from behind and outward, forward and inward; 2½ inches of the maxilla was thus removed. The tongue being previously secured by an ansa, its powerful traction was plainly but harmlessly felt. There was arterial bleeding from several vessels, four of which required ligation. The flaps of the cheek meeting readily, without straining, were next approximated, and united by several strong Carlsbad needles and silver wire; an opening being left at the lower angle of the wound, for the exit

of the secreta. The mucous membrane of the mouth was united to the dermis of the new upper lip, as well as to the lower one. There was a space of about an inch between the approximated extremities of the maxilla.

The patient bore the operation well. Brandy and hot coffee restored the circulation to its legitimate standard. Great difficulty of swallowing was present for some days after, the tongue having lost its attachment to the jaw. Phlegm, too, collecting around the pharynx, added greatly to his discomfort, the patient not being able to dislodge it by expectoration. Syringing the mouth at frequent intervals, however, with warm water, alleviated the pharyngeal distress, by washing away the glandular secretions of the mouth. He passed a comfortable night under the influence of an opiate, and was next morning walking about the yard of the hospital. Being sustained by brandy, broths and nocturnal anodynes, his recovery went on uninterruptedly. The difficulty of swallowing gradually subsided, as the detached muscles of the tongue formed adhesions to the newly formed chin.

In five days the wound had united by first intention, all pins being removed, as well as the ansa from the tongue, by which it was secured to the cheek; the lower angle of the wound still discharging some matter, and the secreta of the mouth.

In thirteen days from the date of the operation, the patient left the hospital, apparently in better health, and with more strength than when he entered. A month later, a piece of bone, from the resected maxilla, was exfoliated, the fistula below the chin having healed.

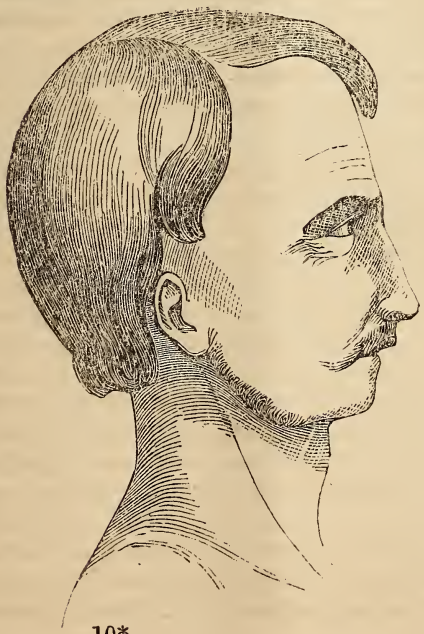
Three months after, he presented himself again, in excellent health, yet complaining of the appearance of a hard, moveable tumor, of the size of a marble, under the lower jaw, in the mesian line, and with slight enlargement of both maxillary glands. The former rapidly increased to near the larynx, and upward, the superincumbent skin becoming incorporated, assumed a purplish hue, and was perforated by several fistulæ, with soft, yellow fungous bottom, discharging offensive matter. Return of pain, too, augmented his anxiety. The submaxillary glands gradually enlarged, the tumor of the chin being the size of a hen's egg. The resected ends of the maxilla had nearly met in the median line. His powers of mastication were perfect. Such being the condition of the patient, relief was again attempted, though the chances of success were rather slender.

On July 5th, under the influence of ether, the lower lip was divided in the median line, and the diseased mass circumscribed far beyond its outlines, by two elliptical incisions, meeting at the pomum adami of the larynx. The lateral flaps of the cheek were again separated from the maxilla, which was divided by a chain saw, one inch anteriorly of the angle of the lower jaw, at each side. The mucous membrane of the mouth next being dissected from the rami of the jaw, the whole mass was extirpated from one side to the other, down to the root of the tongue and larynx, leaving the somewhat enlarged sublingual gland intact. Both submaxillary glands were next removed, by careful dissection. The bleeding was rather active, several large arteries, and many smaller branches requiring ligation. The tongue, though secured by an ansa, did not retract. The lower lip again was closed by several Carlsbad sutures, and, the patient being weak, the extirpation of the sublingual gland, and the closure of the wound was deferred to the next day, a linseed poultice covering the wound.

Brandy, broths, and hot coffee having again sufficiently revived the vital powers, the sublingual gland was carefully extirpated, the lingual artery having been tied. The large wound left in the neck, had to be closed by transplantation. By cutting from the middle of the margin of the wound on each side outward, and curving upward to about an inch anteriorly below the lobe of the ear, and dissecting the flaps. Sufficient cutis was obtained by elongation to close half of the gap of the neck, in the median line, by Carlsbad needles. Two similar incisions, with their cornua down the sides of the neck, detached two flaps, which, on stretching, were carried in front and secured by sutures, thus closing the wound completely. The denuded portions

of the sides of the face and neck were left bare, a cataplasma covering the whole; the chin being approximated to the breast, and confined in this position.

The patient arose from the operating table with no evident mark of exhaustion. Strange as it may appear, no untoward reaction followed. An opiate procured rest at night; brandy and beef tea soon restored him; ptyalism, so troublesome after the first operation, was wanting; deglutition not being impeded. The wound healed rapidly by first intention, only a small opening remaining at the root of the tongue; the side wounds of the face and neck closing by granulation and cicatrization. The patient left his bed daily, and had gained strength enough in three weeks to leave the hospital, the wounds being closed, with the exception of a small opening below the tongue. Remarkably displayed, in this instance, was the rapidity of plastic adhesion. The patient presented himself frequently, is still well, and entertains strong hopes of having conquered his enemy. The deformity of the face, as seen by the accompanying sketch, is trifling, and the power of deglutition and speech unimpaired, the loss of the submaxillary and sublingual glands not being felt.



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There being no part of the human body which bears the inroads of bold surgery with greater, or even equal impunity, than the face, an instructive lesson is thus given to the surgeon, encouraging him to extend his incisions still *further* beyond the diseased tissues than is usual, for experience has amply proved that the return of cancerous diseases, and all those of a malignant character, stands in direct proportion, not only to the *delay* of the operation, but more frequently to the *parsimoniousness* with which contiguous structures are saved, for fear of extensive mutilation. In case of cancer of the foot, it not being prudent and safe to amputate the leg, but the femur; so in operations on the face for malignant diseases, the incisions, excisions and resections must reach *far*, *far* beyond the diseased outlines.

How long the patient may remain free from a return of his disease is doubtful; still there is hope that success may remain perfect, as nearly five months have elapsed since the second operation. But even if failure, at a future day should mar the pleasure of our efforts at relief, the interest in the progress of the present case is not lessened in the least, as the power of endurance and recuperation of the system, far exceeding what reasonably could have been expected in a patient so advanced in years, have been plainly and most strikingly portrayed.

Needle for the Wire Suture.

BY R. J. LEVIS, M. D.,
Surgeon to the Philadelphia Hospital.

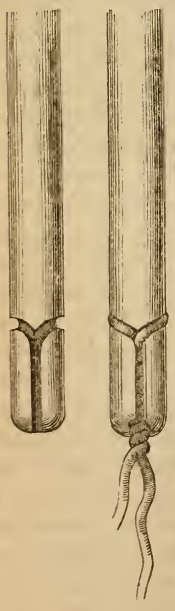
The present general use of the metallic suture in surgery, will make acceptable a form of needle adapted to its peculiarities, and which, by facilitating its introduction through the tissues, will add to its convenience and efficiency.

For the free passage of the needle and wire, it is essential, first, that the wire be securely held; second, that it present at its connection with the needle, no impediment to the transit through the tissues; third, that it should follow the needle in a direct line, not allowing

an angle to form at the junction which will require traction to overcome. It is also important, for the convenience of the operator, that the needle should be readily threaded.

In using the ordinary surgical needle for the purpose, even though the needle be deeply grooved at the eye for its lodgment, the wire forms a ring-like attachment with the needle, which impedes its passage. A sort of hinge joint is also formed at the junction, which will be movable, no matter how tightly the wire be twisted, and there will be continually forming an angle with the needle, which is a great impediment to its use in delicate tissues, and in regions difficult of access, as the vagina, rectum, and fauces. Another inconvenience which has occurred with me in the use of the ordinary needle and the silver wire, is the liability of the wire to be pinched off by the forceps necessary to its introduction in the above localities.

These objections have induced some surgeons to introduce the wire by first passing the ordinary silk thread to which the wire is attached, and then drawn through.



For the purpose of overcoming these inconveniences in the ordinary use of the wire suture, I have devised a modification of the needle, which is so well illustrated by the accompanying proportionally colossal representations, as to render description almost unnecessary.

Its peculiarity is in what is usually the eye of a needle, though this is really without an eye, the attachment of the wire being accomplished by grooves in which it rests.

A groove deep enough for the lodgment of the wire, encircles the needle obliquely near its extremity, and leads into another groovewhich is vertical. The vertical groove is just wide enough at its entrance to admit the introduction of one wire at a time, but the inside of the groove being large enough to accommodate two wires, when both are introduced and twisted together, they are securely held. An attachment is thus effected which is as firm as if the needle and wire formed one continuous piece, and the wire being entirely encased within the grooves, it will traverse any tissue of the body without the least impediment.

There is a decided advantage in having the wire double for an inch or more following the needle, as any break in the wire invariably occurs very near to the needle.

This form of needle has been so extensively used in this city, as to thoroughly test its efficiency, and it has been preferred by the instrument makers on account of its simplicity, and the facility and cheapness with which it can be made.

Such needles, of sizes adapted to all uses, may be had from Mr. Gemrig, of Eighth street, or Mr. Kolbé, of Ninth street, in this city.

Cases in Midwifery.

By D. B. Trimble, M. D.,
Of Marlton, N. J.

Case 1*st.*—On the 25th of last September, I was requested to see a patient, whom I found to be a young married woman, about twenty years of age; small, but healthy, and about seven months advanced in her first pregnancy. The day previous she had taken a long walk, and had met with a slight accident, and when I saw her, had been suffering for some hours with intermittent pains in the back and loins. About six hours after I first saw her, she was delivered of a male child, without much difficulty, the presentation being the "first position of the head," according to Maygrier. I soon found that there was to be a second birth, but not with the same facility, as the parturient efforts did not apparently advance the fœtus for an hour, and when I first ascertained the position of the child, it was that of the "second position of the left haunch," (as described by the same author,) the left arm protruding. This part of the labor was protracted and severe; but I succeeded, by grasping the feet,

turning the child, and delivering by this position. The first child lived a few days, the other was still-born.

Case 2d.—The second case occurred on the 1st of October, in a middle-aged woman, with her third child. She was delicate, of a leucophlegmatic temperament, and had a slightly contracted pelvis. Her two previous labors had been protracted and difficult; in the first, the child being sacrificed, in the second, requiring instrumental aid. In the present instance, I endeavored to relieve her with the forceps, but found the head so impacted and immovable, that I could not apply them.

At this period of the labor, the uterine contractions were so weak and inefficient, that I resorted to the use of ergot. This had some, but not sufficient effect, and after administering to the extent that I considered safe, and finding that all the efforts of the uterus did not advance the labor, and the patient becoming very prostrate, I obtained a *boot-hook*, (having no suitable instrument for the purpose,) and making an incision into the swollen scalp, introduced the hook, and carefully aiding each effort of the womb, in fifteen or twenty minutes relieved her. I dressed the wounded scalp with adhesive plaster, and a week after, it was well.

Case 3d.—The third case, which I attended on the 31st of October, was also a primapara case. The patient had sent for me ten days before her accouchment, thinking she was in labor, but it passed off. The second time she sent for me, her pains were severe and frequent; the head was low in the pelvis, but the os tincæ undilated and rigid. After waiting two hours, or more, (she had already been twelve hours in labor,) and finding little or no alteration in the condition of the mouth of the womb, I bled her freely. One hour later, there being no amelioration of the difficulty, I administered a full dose of ipecacuanha, with a view of producing greater relaxation. This created sufficient nausea, but made very little of the desired impression.

After two or three hours more of severe suffering, with but little effect, I had recourse to the local application of the extract of atropa belladonna, and in half an hour after, the dilatation commenced, and gradually increased, until the labor was completed. I do not know that the belladonna was the effectual agent, but the other means having either failed, or unduly delayed their operation, we might reasonably infer that the principal effect was produced by the last remedy.

In this case, the infant, a female, is terribly deformed, by a complicated hare-lip. The fissure extends from the septum to the outer margin of the left ala nasi; the palate plate of the superior maxillary bone being irregularly divided, to the left of the median line, and extending through the whole of its antero-posterior diameter. It is about three-fourths of an inch wide anteriorly, gradually narrowing to half that width. The child nurses very well; and probably an operation for hare-lip and a metallic plate with two or more teeth, for the mouth, may partially remedy the deformity.

Though the cases just related are comparatively rare, yet in my practice I have met with nearly similar ones before. Many years ago, I was called in consultation to a case similar to that first described, except that it was not one of twins. The labor had been very severe for several hours, and the attending physician had proposed to the patients' friends to dissect the child, which they objected to. In this case also, I turned and delivered by the feet. A case similar to the second I had very early in my practice. In this instance I called in the aid of an experienced practitioner, and as it was impossible to apply the forceps, a blunt hook was inserted into the scalp, and the child born alive.

A few years ago I was called to consult in a similar difficulty to the last mentioned case, where we used the belladonna with a like result. I was recently called to attend a badly managed case of abortion, where the membranes had been ruptured by the efforts of the womb, (two weeks before I saw her,) after which anodynes were given to check the action of the uterus, and which succeeded, retaining the destroyed fœtus, but permitting

the continuation of a moderate hemorrhage. I found her suffering from slight uterine pains at intervals, some hemorrhage, debility, and great nervous irritability. I examined the condition of the uterus, and found I could insert the point of the finger into the os tincæ, (which was however, rigid) and feel the fœtus lying on it. I made efforts for several hours, gradually to dilate the os, but finding them unavailing, I applied the belladonna; left her small doses of secale cornutum to be taken at intervals, and in 36 hours the dilatation was sufficient, slight pains came on, she was relieved, and speedily recovered.

———o———

There are in London twelve hospitals for general purposes, forty-six for special purposes, and thirty-four dispensaries, giving relief to 365,956 persons every year. These, with various societies for the preservation of life and health, for debtors, widows, strangers, &c., for aged and infirm, for deaf, dumb, and blind, and for various other benevolent purposes, represent a total yearly income of £1,768,945, or nearly eight millions of dollars.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

NOVEMBER 9TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Aneurism of Aorta.—I propose to show you to-day three different cases of aneurism, and before doing so, I will exhibit some views of the healthy aorta, and of aneurismal tumors of the aorta.

Aneurism, generally, is the result of lesion of the coats of the vessels; occasionally it is the result of accidental rupture of the arteries.

The 1st Case came into the house a few days ago, laboring under some other disorder. His history is confused. He says that he had bronchitis a year ago, and that I attended him here and diagnosticated bronchitis and disease of the heart; he did not then have aneurism.

Ever since that time he has had palpitation and a cough from occasional congestion of the lungs. He has disease of the valves of the heart. This we expect with an aortic aneurism. The same cartilaginous degeneration occurs in the valves as in the arteries.

Emaciation has nothing to do with aneurism. This man is tolerably stout. He has no œdema of the face nor of the limbs. He is a seaman, and is still able to do duty, but suffers from dyspnœa when he goes aloft He says that he had rheumatism eight years ago, confining him to his bed. You are aware of the intimate association between heart disease and rheumatism. With the latter, you may infer that there may be a determination to disease of the heart, especially to endocarditis.

For the examination of the chest, it is not necessary to strip the patient. There is a slight degree of protuberance of the left side. With slight percussion under the left clavicle, we have some dullness of sound, and we also feel a pulsation; both these exist to a less degree on the other side.

There is a strong pulsation in the course of the carotids, and on the artery itself a peculiar thrill is felt. We have this thrill in hypertrophy of the heart, but not to such an extent as it exists here. There is increased dullness over the cardiac region from hypertrophy of the heart, which is often coincident with aneurism.

In ausculting him we hear a rough, double bellows sound at the position of the mitral valve; at the semi-lunar, a sawing sound.

He has aneurism in the course of the arch of the aorta. The diagnostic sign is dullness upon percussion and the throbbing and sawing sound of the aortic valve. The pulse of the patient is rather small and irregular, not only in extent, but in degree.

What is to be done in the *treatment* of such cases? It is very clear that little can be done by medication. He should be kept quiet, avoid excitement, change his business to some one less laborious, avoid stimulants, and keep his bowels regular.

Case 2d.—Also a seaman. Duration of disease, four years; countenance indicative of distress; he is not emaciated, and has no cough; he has palpitations and shortness of breath on exercise.

There is not so great a pulsation in the arteries of the neck as in the last patient. The sound, on percussion, is equally clear under the clavicle on both sides. There is slight dullness at the top of the sternum, and the hand placed over the region of the aorta feels a perceptible thrill. This did not exist in the last patient.

He has enlargement of the heart. In most cases, this occurs before the aneurism.

There is a sawing sound of the mitral valve, and double sawing sound, with some roughening, at the aortic valve.

The aneurism is here more to the left side than in the last patient.

Case 3d.—Also a seaman, cook. Has had a rheumatism which never confined him to bed. The pulsation has existed eight or nine months, but is less marked than in the preceding cases. In these cases of aneurism there is very little pain. The coats of the arteries are not sensitive, and what pain is experienced is caused in a secondary way, by interference with respiration etc.

He has the same intense rasping sound, caused evidently by the mitral valves, but not double. This occurs in the passage of the blood out of the heart during its systole. The semi-lunar sound is rough and double. It does not exist on the right side, but is well marked on the left. I look upon this as false aneurism. There is not here that break which has occurred in the other cases.

Treatment.—In this case something is to be done, but more can be accomplished by a careful course of living than by any other method. He should change his occupation for one that calls for little exercise of strength, and does not expose him to the development of rheumatism.

He should take digitalis to quiet his heart. He has been taking the fluid extract of Cinchona in consequence of losing strength. There is no objection to tonics in such cases. We should direct a rigid diet, and occasionally dry cups over the heart

These cases show aneurism as ordinarily met with. It is a disease marked by the cardiac disease, and is often entirely overloked while the attention is directed to the latter.

Disease of Heart, with Pleurisy.—This patient, a Dane, came in two days ago with pleurisy. I found, however, that this was connected with disease of the heart, both acute and chronic. He has had endocarditis, which had produced disease of the mitral valve, allowing regurgitation of the blood during the systole of the heart. I also detected in him a slight friction sound over the heart, which always coincides with an imperfectly cured (on commencing) case of pericarditis. He presented the signs of pleurisy on the right side. This disorder I believe to have been consecutive to disease of the heart.

Treatment.—He was put to bed, cut cups placed over the right pleura posteriorly, and dry cups over the heart. He has taken one-fourth grain calomel and four grains Dover's powder, four times a day. Dover's *powder* is the preparation I employ. There is another—Dover's *solution*—which is much inferior.

12th. Patient exhibited to the class, much improved. The effusion into the right pleura, and all other signs of acute disease, have disappeared.

November 12th and 16th.

Pleurisy complicated with Phthisis.—This patient does not appear to be excessively broken down, but he has the air of one exhausted. He has complained of pleuritic pains in the right side since last June. He was confined to his bed eight weeks, therefore his attack must have been severe; for it is rare that a patient with pleurisy goes to bed. The extent and character of the pain in this disease is various. In some cases there is none, in many it is acute for a little time and disappears. For the last three weeks this patient has had pain in the left side; that of the right has diminished.

What is the value of pleurisy as a sign of other disease of the lungs? You know, I say that pleurisy never kills, of itself; but it is often a sign of tuberculous disease. It is a cause or an effect? I look upon pleurisy in the light of both of these; it is sometimes one, sometimes the other. When it is an effect, it is of little consequence; when it is a cause, it becomes a serious matter. The patient has shortness of breath on exercise; this is dependent on the fact that the lung has contracted adhesions with the ribs, and is unable to expand.

In ordinary uncomplicated pleurisy there is, at the beginning, very little cough; the lung is not affected. In cases where there is cough, we may be sure that there is, besides, bronchitis or phthisis. This patient has a cough like that of early phthisis. His pulse is about 90; respiration about 30; no expectoration.

Inspection.—The right side is contracted; this can be better estimated by grasping with the hand than by measuring.

Percussion.—Both sides dull at the back. In front, upper and lower portions dull; clearer in the middle. The dullness at the lower portion of the lung is caused by contraction and adhesions; and at the upper part, it is consequent upon tubercles developed by pleurisy.

Auscultation.—Rude respiration above; feeble friction sounds below.

Treatment.—We must combat the tuberculous disorder and the pleurisy. I will direct the usual remedies for the one; and for the other, a small blister, or a warming plaster of the diluted kind, one-third of the usual strength.

Hypertrophy of the Heart.—The patient looks tolerably healthy. He has darting pains about the heart. When we have these, we may expect palpitations caused by mental emotions; but in this case they are due to hypertrophy of the organ. They have existed three or four years.

Inspection.—There is a protuberance of the region of the heart. This occurs in young subjects only, in whom the costal cartilages are soft and impressible. This dilatation of the chest is not lateral. The *dullness* of the cardiac region is more extensive than natural.

There is a bellows murmur over the mitral valve coincident with the systole of the heart. There is also a very little roughening of the valve of the aorta. Other evidence of disease is a strong impulsion communicated to my hand. It is more toward the middle of the heart, and is decided, but not so strong as in many cases of enlargement. When moderate, we infer that the hypertrophy is moderate with considerable dilatation.

Treatment.—What should be done? The patient is pallid. It would be absurd, I would almost say murderous, to take away blood from him. He ought to be put upon tonics and a mild and unirritating diet. He should not use spirits nor tobacco. In addition, I will order dry cups or a blister; sulphate of quinia 2 grs., iron by hydrogen 1 gr, three times a day; and, for a few days, powder of digitalis, 1 grain, four times a day.

Prognosis—You should remember that disease of the heart is always chronic; and it is your duty to inform the patient that he will not die right away. The heart is capable of moving a long period, even if organically diseased.

Tropical Diarrhœa or Dysentery.—Three Cases.—General Remarks.—Diarrhœa is a disease common in warm climates. You are aware that many volunteers died in the last war, of dysentery, and are even now dying of diarrhœas contracted in Mexico in 1848. Between acute and chronic dysentery there is not much difference. In the chronic form, the thickening of the intestines is less marked, and the mucous coat will present a slate color, or darker red than is found in the acute form. The intestines will be found retracted. The patient, in chronic dysentery, becomes extremely emaciated; the fever is not great; the stools vary in character, consistency, and frequency. You may lay it down as a rule, that if the disease has existed a long time, a perfect cure is hardly to be expected. Multitudes of cases are pronounced cured which are not really so. If the symptoms are connected with great emaciation, the cure becomes the more doubtful.

My rule is to attend first to the diet. Meat may be allowed once a day—broiled mutton or beefsteak—rice, crackers, milk, and occasionally some vegetables; but it is exceedingly difficult to enforce such a diet, unless the patient cöoperate intelligently with the physician.

As to medicines—opium relieves the pain and irritability of the bowels. It may be given in half grain doses throughout the day. Tannin, and other vegetable astrigents, will act well for a few days, and then become irritating. Mercurials are not very productive of benefit, still they are one of the remedies when we fail with other means. I am opposed to their use. Warm clothing and other hygienic remedies are to be employed.

Case 1st. Sailor; disease contracted in Calcutta; has been five months sick; has twelve stools in twenty-four hours. Abdomen retracted; pain in sigmoid flexure, the usual seat of ulceration; skin dry and harsh; tongue has whitish fur; pulse 70, to 80. No alteration of liver or of spleen, therefore a case of pure dysentery. He has been in the house two or three days, and has been on the diet indicated. Has taken tannin, 2 grs., and opium, $\frac{1}{4}$ gr., every two hours. Will now increase opium to $\frac{1}{3}$ grain.

19th. Patient much improved; stools a little diminished in frequency; tongue now moist, and nearly clean. Some dry cups, with one or two cut directed, to be placed over sigmoid flexure.

Case 2d. A sailor, disease contracted in Jacksonville, Fla. Has diarrhœa rather than dysentery in an acute form, but not very severe; has no ulcerations. Bowels opened three times in twenty-four hours.

Treatment.—Castor oil, a teaspoonful, or one-sixth of an ounce, as teaspoons measure now-a days, and tr. opii ten drops, two or three times in the course of the morning, to be followed by opium and tannin, as in the last case, with one gr. of quinine. Diet: No meat for two or three days.

19th. Convalescent. Same treatment continued, but in less quantity. Tannin and opium preferred to chalk mixture.

Case 3d. Disease contracted in New Orleans eight months ago; tongue moderately clean, coated on side. Bowels moved ten times a day. Appetite very good, as in ordinary cases of dysentery.

Treatment.—Same as last patients; diet, simple.

19th. Almost convalescent; discharges reduced one-half in frequency; skin become more healthy; tongue clean; no fever.

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In the year 1540, an act was passed in England for "barbers and surgeons," the objects of which were to unite the barbers and surgeons into one company, giving them certain privileges, and allowing them to take, annually, four bodies "for anatomies." It interdicted surgeons from shaving, lest they should communicate infectious diseases to people resorting to their shops, and prevented barbers from performing any surgical operation, except drawing teeth. The surgeons were required to put an "open sign on the street side where they shall fortune to dwell." The "open sign" adopted was a poll with a band in a spiral direction on it, indicative of the fillet used to bandage the arm, and the staff for its support during the operations of venesection. This emblem, adopted more than three centuries ago, is the same which indicates the shop of the barber of the present day.

EDITORIAL DEPARTMENT.

Periscope.

Causes of Goitre.—M. Demortain, Pharmacien in Chief of the Army of Marshal Vaillánt, has, by analysis of the waters collected while the French army was in Lombardy, shown a contrary result from that previously obtained by Bouchardat. The latter asserted that he found the salts of magnesia in abundance in the soil of districts where goitre is endemic, and is disposed to attribute the disease to them. The analysis of Demortain show a total absence of these salts in the waters of the district alluded to.

Statistics of the London Cancer Hospital.—Cancer in males occurs once to eight or nine times in females. Taking the report of the Cancer Hospital for 1856, there are noted 183 males against 950 females. The varieties in the parts affected, were noticed amongst the patients of the male sex, at this hospital on the 30th of August, to be cancer in five cases of the lips, two of the cheek, two of the nose, one of the lower eyelid, two of the tongue, one of the arm, one of the rectum, and two of the breast—in all eighteen patients.—*Lancet.*

Hemorrhage from Puncture of an Inflamed Tonsil.—The left tonsil of a delicate man had been punctured for the relief of an inflammation, to which he was subject, and the hemorrhage, which was considerable at first, recurred at intervals, and could not be arrested by styptics. He was admitted to St. Bartholomew's Hospital, and the common carotid was ligated by Mr. Stanley, and bleeding immediately ceased.

The Cause of Vesico-Vaginal Fistula.—At a meeting of the London Obstetrical Society, Mr. Baker Brown remarked that in almost all the cases of vesico-vaginal fistula which had come under his care, this accident had happened from the long retention of the fœtal head in the pelvis, giving rise to inflammation and sloughing. He had only known of one case which he could trace to the improper use of instruments.

It is common to attribute this accident to the use of the obstetrical forceps, whereas we are confident that the want of their use, or delay in applying them, is the more frequent cause. In the case alluded to by Mr. Brown, he does not say what kind of obstetrical instruments were used.

New Method of Reducing Strangulated Hernia.—Dr. B. F. Richardson gives, in the *Cincinnati Lancet and Observer*, the following account of a method of reducing strangulated hernia, which he has practiced successfully in two cases, after the ordinary means had failed.

"Reflecting upon the mechanism in the *production* of hernia, I determined upon an expedient directly in opposition to the leading injunction of authorities.

The patient was put upon his elbows and knees. Grasping the hernial tumor between my fingers and thumb, I pushed it steadily and firmly toward the inguinal ring, *he being directed at the same time to take a full inspiration, and then make a strong and continuous expulsive effort, so as to distend the abdominal muscles as much as possible.* Between, as well as during the expulsive efforts, the tumor was steadily pressed toward the ring. The reduction took place at the second effort.

The rationale of this expedient is very plain. The most usual cause of hernia is diaphragmatic pressure, induced through lifting, jumping, coughing, sneezing, blowing upon wind instruments, etc. Through the medium of the abdominal viscera, the muscular parieties are distended and the apertures thereby enlarged, permitting the passage of intestine or omentum. The diaphragmatic force being diffused over the intra-abdominal surface, is easily antagonized by pressure at any particular point; and when attempting reduction by the manner proposed, the diaphragmatic force should be more than counterbalanced, and the patient enjoined to permit the abdominal muscles to distend without restraint. Theoretically considered and practically confirmed, the conviction is irresistable, that this mode of management will reduce any abdominal hernia that is reducible, without a surgical operation."

Surgical Coolness.—The following extract is from Professor Henry H. Smith's eloquent introductory address, at the commencement of the present session of the University of Pennsylvania:—

"Imperturbable calmness in action has long been admitted as one of the most marked traits that separate a surgeon from the great body of medical practitioners.

Do you truly realize what it is; or the extent of the mental training that is essential to

its acquisition? Is surgical calmness anything more than that species of dogged determination that carries a man through a contest, and induces him to labor under all difficulties to maintain his purpose? Or is it that stoical philosophy which thinks naught of bodily pain, and sacrifices everything before it will yield its desires? Is it the reckless daring and contempt of life that induces a man to lead a forlorn hope, whilst the world describes his act as that of courage? Noble as is this latter trait when properly exhibited, the calmness of action that characterizes the surgeon is infinitely higher. Courage is an animal instinct, possessed by brutes as well as men, and grounded either on ignorance of what constitutes danger, or indifference in meeting it. Courage enables a person to bear up against evil or danger that is prospective, and centres in selfishness, the term indicating its reference to cor, or cœur, the heart. Surgical coolness, on the contrary, is a mental process; the result of a highly cultivated estimate of a man's duty towards his neighbor. In it there is nothing egotistical; in it is often shown the trait which in all ages has been deemed the highest grade of moral development—that true and unadulterated benevolence which tempts one man to risk his life, if necessary, to save that of another.

In this, surgical coolness differs greatly from courage; the latter is always personal; whilst the former ignores itself, and acts for the general interests of suffering humanity."

The Treatment of Varicose Veins and Ulcers by the Tincture of the Chloride of Iron.—Dr. Bernard Kelly, in an article in the *American Med. Monthly*, gives the following account of the treatment which he has pursued in an extensive dispensary practice in New York:

The treatment which we have found most satisfactory, the one, indeed, which has surpassed our most sanguine expectations, consists almost entirely in the internal exhibition of iron. We scarcely ever condemn our patients to absolute repose in the recumbent position; neither do we employ bandages or adhesive straps; much less do we think of the cauterization, ligature, and injunction of the diseased vessels by the perchloride of iron. Thirty or forty drops of the *Tr. Ferri Muriat.* are given three or four times a day in a little water, or better still, in a solution of the sulphate of quinine. Both the substances form an excellent tonic mixture, and are no wise chemically incompatible. If the bowels show a tendency to constipation, one or two pills of aloes and iron are taken at bedtime, which always secure one or two passages in the twenty-four hours. This *soluble condition* of the alimentary canal is of great importance, and should never be lost sight of in the therapeutic management of varicose veins and ulcers. A fæculent, loaded state of the intestines predisposes, in many instances, to the production of varix, and never fails to aggravate it when it exists. One has only to witness the inexpressible relief and comfort afforded to such patients from free purgation, to be fully convinced of its great utility. We should not, by any means, however, recommend it as an infallible remedy in the treatment of varices; we merely resort to it as an auxiliary means, frequently not to be dispensed with. If the large venous trunks, only, are dilated and tortuous; if a *phlebectasis*, as Alibert has called it, simply exist, the capillaries and surrounding tissues not being involved as yet in the disease, the cold *douche* perseveringly employed, followed by dry frictions, renders the most signal services, and seems to lend additional efficacy to the chalybeate medication. No one will understand us to imply that varicose veins shall ever regain their original symmetry by the treatment proposed; no, this is impossible; but the disease, the diathesis, shall be so modified, that the occurrence of ulcers, œdema, and hæmorrhages shall be postponed to a very remote period, if not indefinitely. Under its influence, we see persons who have been afflicted for a long time with excruciating pains in the limbs, who could scarcely walk the shortest distance, without fatigue, soon become relieved of all inconvenience and suffering, and even perform long journeys, on foot, without evincing any symptoms of debility or exhaustion. The vessels, in a word, become braced up by the stimulating properties of the drug; they acquire tone and elasticity; the capillary circulation is carried on energetically; and thus all tendency to passive congestion and circumscribed ulcerative action is prevented. If the patient labor, at the same time, under chronic disease of the heart with regurgitation, for example, the treatment, for very obvious reasons, is equally appropriate and efficacious. If the small venous twigs and capillaries show signs of inflammation, by pain, tumefaction, and redness of the parts, it will be necessary to rest the limb for a few days, administer saline cathartics, and apply acetate of lead lotions freely. After the inflammatory action has subsided, which it does very promptly by the means specified, the tincture of iron must be imme-

diately given in the doses already indicated, and recourse had to the cold douche and gentle frictions.

The Gorilla.—The *Scientific American* says, that within a few weeks M. Du Chaillu, a gentleman who was sent to Africa by the Academy of Natural Sciences of Philadelphia, has returned, bringing with him several skins and skeletons of the gorilla, an extraordinary animal, of which we recently gave an account. These, with a large collection of African curiosities, are now on exhibition in New York. The statements made in regard to the intelligence of the animal are now said to be greatly exaggerated. One of the specimens imported measures eight feet three inches from tip to tip of its fingers when its arms are extended, and it is said to look very much like some of the wild African tribe of negroes, and the skeletons exhibited bear a wonderful resemblance to that of man.

Modern Mummies.—The Capuchin friars boil their dead in some very strong antiseptic, bake them in an oven, then close them in a long serge gown, confined with a girdle of rope, and having placed their well-thumbed rosary on the withered fingers, arrange them in the open niches of a subterranean chapel. In one of the Capuchin monasteries in Malta, there is a fine collection of these semi-cooked individuals. After a year or two they become unable to stand as they were first placed; then, for a time, they are suspended; and finally, in ghastly submission, they are doubled together and laid in their rags to moulder into dust. Their brethren and successors perambulate these ghastly avenues, and show the visitor the niches which they expect to fill.

St. John's Hotel for Invalids.—The gentlemen who have for some time composed the medical staff of the St. John's Hotel for Invalids, in this city, consisting of Drs. White, Mussey, J. B. Smith, Bonner, Williams, John Davis, Murphy, and J. P. Judkins, have resigned, and Drs. Blackman, Richardson, Graham, Quinn, Dodge, and Gerwe, have been appointed to fill the vacancy. We learn that the lectures on diseases of the eye, by Dr. Williams, and on surgery, by Dr. Mussey, which have been in course of delivery at the St. John's Hotel, will be continued at the Dental College Lecture Rooms.—*Cincinnati Lancet & Observer.*

Reviews and Book Notices.

RECORDS OF DAILY PRACTICE, *A Scientific Visiting List for Physicians and Surgeons.* New York: Bailliere & Brothers.

Judging from the number of these works published, visiting lists must be remunerative. There is some danger, however, that the market will become overstocked. The work before us, which has some novel and very useful features, is edited by Dr. A. N. Bell, of Brooklyn. It is adapted to continuous use, not being limited by dates, as is the case with other visiting lists.

The object of the work is to facilitate the recording of statistics. Two pages are devoted to each patient, with blank spaces for recording the Hygienic Influences to which he is subject; also, Hereditary Influences, Previous Diseases, Habitual State of Functions, and History of the Present Disease. Then follows an arrangement, in columns, for a daily record of the State of the Patient, viz., Date, Obvious Conditions, Digestive System, Secretions, Circulating System, Respiratory System, and Treatment.

It will be readily seen that this work contains some very commendable features for a pocket memorandum book for the physician. The *form* of the book strikes us favorably. It is *wider* than other works of the kind, and not so thick as some of them are.

AN INTRODUCTION TO PRACTICAL PHARMACY: Designed as a Text-book for the Student, and as a Guide for the Physician and Pharmaceutist. By EDWARD PARRISH. Second Edition. Philadelphia: Blanchard & Lea. 1859.

An original work, from the American press, upon a subject of such increasing importance as the science and practice of pharmacy now is, demands, we think, more than a mere notice of its issue.

The first edition of the work having been so favorably received, and so soon exhausted, the author has given the entire book a most careful revision, and in parts, re-written it entirely.

A critical analysis of so extended a book (reaching to 720 pages large octavo,) can hardly be regarded as appropriate to our purpose, which is more particularly to set before the medical public the general scope of the work, and its adaptation to the wants of a large number both of physicians and pharmaceutists.

The work is divided into five parts. The

first is devoted to the description of furniture, and implements necessary to the office of a physician practising pharmacy in connection with his professional duties, and the shop of the pharmaceutist who is desirous of prosecuting his business with comfort to himself and satisfaction to his customers. The descriptions in the first chapter of this part of the work are most full and accurate.

Chapter Second is devoted to the consideration of weights, measures, and specific gravity. The important difference between the two principal kinds of weights is very distinctly shown, and a convenient rule for reducing apothecaries' weight to avoirdupois is given. Equally clear descriptions of the measures in use are also given, with a very appropriate caution respecting the most faulty piece of furniture in general use in apothecary stores —*glass graduated measures*, with a good account of the proper method of making correct ones.

The instructions concerning specific gravity, and the apparatus for ascertaining it, are full as far as pertains to liquids, this being all the author designed to teach, referring to treatises more especially devoted to science, for the lessons pertaining to the specific gravity of solids. We must regret this determination, as the book will often be in the hands of those to whom the use of other works are denied.

Chapter Third is occupied with a notice of the United States Pharmacopœia. The first part of this notice is historical, and the remainder explanatory, and deserves the careful attention of all who engage in compounding or dispensing medicines.

Part Second, which treats of Galenical Pharmacy, is divided into fifteen chapters, the first of which gives instructions for the proper collection and desiccation of plants required for remedial purposes.

We wish that our limits would permit us to transfer portions of this chapter to our pages, as it is very important that this information should be generally diffused. We notice, in speaking of Wild Cherry Bark, that August is stated to be the proper time of collecting it. The experiments of Mr. J. S. Pérot, we thought, indicated October as a preferable time.

The herbs packed by the "United Brethren" are spoken of in terms of greater respect than our experience would warrant, and when we consider the dangers that attend the dispensing of plants, the peculiarities of which are so entirely changed, we regret that convenience has been so mighty a master as to almost exclude the well dried and easily distinguished herbs that were in use before this practice became prevalent.

The second chapter contains valuable information respecting the preparations of drugs previous to grinding, and a most just condemnation of the too prevalent practice of sending the refuse and inferior portions of different substances to the mill, to have their imperfections hidden by the process of pulverization. In this chapter is also a clear description of the apparatus required for pulverizing, and the proper methods of using it; a syllabus of the various powders officinal in the U. S. Pharmacopœia is introduced in this chapter—a plan we notice throughout the book, and which we look upon as one of the most advantageous methods of conveying information respecting classes of bodies.

Chapter Third treats of solutions, filtration, and the preparation of the medicated waters. The laws relating to the solvent powers of different menstrua are fully considered, and the apparatus necessary is described.

A syllabus, presenting to the eye, at a glance, the various solutions officinal in the United States Pharmacopœia, is here given. Filtration is considered very fully, and the manner of making the various kinds in use are so carefully explained, that any one desirous of learning can readily do so by an inspection of the plates. Medicated waters command the attention next, and are so well classified that their composition may be readily remembered.

In the succeeding chapter, the subjects of Infusion and Maceration are treated of, and the various appliances found desirable to use in preparing them are described. A complete syllabus of the various infusions is given in this chapter, grouped together according to their strength, or the manner of their preparation.

Chapter Fifth is perhaps the most important of the whole work, when we consider how much is dependent upon the proper performance of the practice of percolation. The great facility which this process offers to pharmaceutists and physicians who make their own preparations, is so evident, that it is growing into favor constantly, yet if not well understood, and carefully practised, must certainly result in the injury of the product. The attentive examination of this chapter has given us great satisfaction, and we cannot but feel that a due regard to the instructions concern-

ing displacement here given, will enable every one resorting to it to find his greatest expectations fully realized.

Tinctures are the subject of the next chapter, and in consideration of the subject, the menstrua are described, and the strengths requisite for the varied preparations pointed out. A very carefully arranged syllabus of the tinctures officinal in the U. S. Pharmacopœia is introduced, and each class described fully.

Closely allied to the preceding subject are the contents of Chapter Seven, which includes Medicated Wines, Vinegars, Ethereal Tinctures, Elixirs and Cordials. In this chapter are enumerated many preparations not officinal, some of which are, from long usage, quite essential to the pharmaceutist in this locality.

Chapter Eight is devoted to the Galenical preparations of Opium, as it is, of all the remedies in use among physicians, one of the most useful and important. To enable the student to readily compare the relative strengths of the various preparations, a syllabus, detailing this information, is given. Under the head of Tincture of Opium, a formula is given, in which allowance should be made for the water always present in unpowdered opium.

A very useful paragraph upon the remedial measures to be used in case of poisoning by over doses of opium, is introduced. This is followed by a page upon the abuse of opium, which, it is to be wished, was in the hands of every apothecary and dispenser of medicine in our land.

Chapters Nine and Ten are occupied with the consideration of heat for pharmaceutical purposes; the former as relating to its generation, and the latter to its application.

The two succeeding chapters are occupied with the subjects of evaporation, extracts, and fluid extracts. This latter subject is examined more fully than in any other treatise with which we are acquainted. This matter is especially opportune at present, as the whole pharmaceutic community is so much interested in their preparation.

The thirteenth chapter is taken up with the subject of syrups, and contains much information of a desirable character.

The fourteenth chapter treats of pulps, confections, electuaries, pastes, lozenges, and candies. Respecting lozenges, the great experience of the author is given. Like all who have made it a specialty, he thinks their preparation can only be learned by great practice.

The fifteenth chapter, which closes the second part of the work, treats of the preparation of spirits, distillates, and the apparatus necessary for their preparation by the physician or pharmaceutist. In this connection, a number of recipes for the preparation of toilet waters is introduced.

Having thus carefully reviewed Parts First and Second of this work, we pass to a hasty notice of the remaining portions of it, which treat of matters more strictly scientific, and of the duties pertaining to the prescribing and dispensing of medicines, and the conduct of the apothecary store.

The lessons respecting the alkaloids are at once the most clear and concise of any we have yet met with, and must give great assistance to the student while preparing for his final examinations. The instructions concerning store duties are full, and, if carried out, would be productive of much greater success even in pecuniary matters, than falls to the lot of the majority of apothecaries.

Throughout the work a great number of formulæ are given, which, to the apothecary, particularly at points remote from centres of instruction, will give this a precedence over many other works of a kindred nature.

In closing this notice, we would state that we feel satisfied that the author has completely fulfilled the aim expressed in the title of his work—"An Introduction to Practical Pharmacy."

A very copious index is added, consisting of fifteen pages, of three columns each, which greatly enhances the usefulness of the book as a work of reference.

It remains for us to note the excellent style in which Messrs. Blanchard & Lea have put the book before the public, both as regards paper and printing.

———o———

Jenner gives the following account of his feelings during the eventful period of his great discovery: "While the vaccine discovery was progressive, the joy I felt at the prospect before, of being the instrument destined to take away from the world one of its greatest calamities, blended with the fond hope of enjoying independence, and domestic peace and happiness, were often so excessive, that in pursuing my favorite subject among the meadows, I have sometimes found myself in a kind of reverie. It is pleasant to me to recollect that those reflections always ended in devout acknowledgments to that Being from whom this and other flow."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 3, 1859.

THE RESPONSIBILITY OF DRUGGISTS.

Another of those sad casualties, fortunately of rare occurrence, by which life is sacrificed in consequence of an error in compounding drugs, has recently occurred in our midst. According to testimony given on the trial, a prominent physician of this city prescribed sulphate of quinia for a patient ill of intermittent fever. The prescription was "plainly written," as—according to the testimony given—all his prescriptions are, but by accident, the young man in attendance put up sulphate of *morphia* instead of sulphate of *quinia*. Two pills, containing three grains each, were taken, and the death of an estimable and widely known and respected lady was the consequence.

The establishment at which the medicine was put up ranks as one of the first in the city, and every precaution had been taken to prevent error in the substitution of those very articles for each other.

We do not propose, in this case, to draw a distinction between accident and culpable carelessness, but merely state the facts, and shall found an observation or two upon them.

1st. The young man who put up the prescription had been in the establishment about a year, and it is presumed he ought at least to have known the difference between the names and positions in the establishment, of the drug prescribed, and that used, though it would seem that his experience as a compounder of medicines was not sufficient to trust him to make up prescriptions, except under the immediate eye of a competent person. We believe that the name of the drug prescribed was *dictated* to him in English, whereas, if the prescription which was written out in full "Quiniæ Sulphatis" had been before him, he would have been, we think, less likely to have committed the error.

2d. Druggists should confine themselves more attentively to their specific duties than is done by some of them, particularly among those known as "fashionable druggists." Many of them, in their anxiety to make money, sell fancy articles of various kinds, cigars and tobacco, besides other articles entirely unsuited to an establishment where medicines are prepared for the sick. With many of them, too, the trade in proprietary medicines is a much more important part of their business than that for which they profess to keep their establishment open.

If druggists would confine themselves more to their legitimate duties, fewer drug stores, and more perfumers and cigar dealers might be called for than exist now, but we believe that the public would be better served, and the knowledge and skill of the physician better applied in the treatment of disease.

THE NEW YORK PATHOLOGICAL SOCIETY.

We are glad to learn that the New York Pathological Society, the first society of the kind, we believe, that was ever organized, is about to issue a volume of its transactions. During the fifteen or twenty years of its existence it has numbered, among the constant contributors to its illustrations of pathology, the leading physicians and surgeons of New York. Its transactions have been published far and wide in the medical periodicals of this and foreign countries, and its reported cases have added much to our knowledge of morbid anatomy. The readers of the REPORTER are familiar with the proceedings of this society, and will duly appreciate the effort that is being made to gather into a volume the more interesting and practical cases and reports.

The volume is to be published by subscription, the terms being two dollars per copy, payment to be made on the issue of the work. The edition will exceed the number of subscribers but a few copies, and these will be sold only at an advanced price. We advise those who wish to secure this work, which will be thoroughly practical, at a minimum price, to send their names and addresses to DR. E. LEE JONES, Secretary of the Society, No. 759 Broadway, New York.

Correspondence.

MEDICAL MATTERS IN HOLLAND.

August, 1859.—Amsterdam contains several fine Hospitals. The buildings are spacious, wards large, and pretty well ventilated, and every thing uncommonly neat. The Medical establishment of each Hospital consists of two physicans and two surgeons. The servants are few in number, for in all the hospitals of Amsterdam, great use is made of the convalescent patients, by which they are kept from idleness, and considerable expense is saved.

Their Insane Hospitals are well regulated establishments, the Hollanders having been among the earliest to adopt the mild and moral system of treatment in insanity.

Scrofula and mesenteric diseases are common.

There is one most admirable regulation in all the hospitals and work-houses in Holland. Every individual, upon admission, is put into a warm bath, and afterward clothed in the uniform of the hospital. It is well known that there are diseases kept up by the patients' clothing, as, for instance, colica pictonum, &c. This change of dress gives an air of neatness, and cheerful appearance to the sickest patient.

The kitchen, store-rooms, etc., are particularly neat and clean, as are also the household utensils, cups for medicine, etc. The bread is the best that I have seen anywhere.

The whole territory of Holland is perfectly flat, and the soil marshy; there is a very disagreeable vapor arising from their canals, which they tell you is salutary to persons affected by pulmonary complaints. This would agree with the moisture theory of some recent distinguished observers. Epidemics are rare; this is no doubt owing to the great attention of the people to cleanliness. But catarrhs, pleurisies, and inflammations of the lungs prevail in spring and autumn. I did not find as much intermittent or remittent fever as I expected, from the amount of stagnant water, and low grounds covered with green vegetation. It is supposed to be prevented by their custom of constant smoking, and taking a glass of brandy, or Geneva, early in the morning, so as to prevent the ill effects of the effluvia from the marshes.

Rheumatism is a common complaint in Holland, yet the general appearance of the inhabitants is that of health, with fine color, both men and women.

Left for Leyden, Monday the 8th of August, 1859. I visited it as one of the most interesting cities of Holland, on account of its celebrated School of Medicine, the chairs of which have been filled with such distinguished men as Boerhaave and Albinus, the former giants of our profession. There are two hospitals, a civil and a military, but neither differ from those we had already seen. We visited the University, and saw the portraits of the distinguished professors from the earliest time down to the present. These were in the professors' room; there were 110 in all, who have died in the harness. Among those which interested me most, were those of Boerhaave and Sandifort, who were for years the bright lights of this celebrated school; the one Professor of the Practice of Medicine, the other of Anatomy. I visited the examination room, and rooms of the Professor of Physics and Mathematics, also those of Materia Medica and Practice of Medicine.

The Anatomical Museum is some distance from the University, and contains a good collection of comparative osteology of man and animals. Among other interesting specimens, was a skeleton of a Russian giant, 8 feet 3 inches high, some good preparations in wax, also a collection of interesting models and casts. It contains also a curious collection of monstrosities; also, a complete set of fœtuses. Many of the preparations are especially interesting on account of their being preparations by Albinus. But many of them require changing, and renewal. I hope this will be done, before their removal to their new Anatomical Hall, which is almost finished, and is a very fine building.

At Rotterdam there was an immense amount of shipping. It contains several fine hotels; and the whole exterior of the town was covered with towering wind mills, which we found, upon examination, were pumping water, grinding wheat, and sawing wood.

Dr. Tyler and I visited the new Rotterdam Hospital, which is situated in a grove of trees, in front of which there is a canal; the building is finished in the old style, with corridors; not well arranged for obtaining an abundance of air or ventilation, but every thing about it was in perfect order. There are 240 beds. There were 220 patients, at the time of our visit. It has been built four years. The cooking, heating, etc., are all done by steam.

L. T.

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Quinine as a Prophylastic of the African Fever.—Dr. Livingstone states, in a letter in the *Med. Times and Gazette*, that in his expedition up the Zambezi river quinine has failed as a prophylactic of the fever. He attributes the general immunity they have had from the disease to good diet and other sanitary regulations. At the same time, he expresses confidence in quinine in the treatment after the disease has been established, and purgatives have been administered.

News and Miscellany.

The English Military Stock.—The English persist in requiring the stiff leather stock as a part of military equipment, to be worn at all times and in all climates. The great fatality of the English troops in India from sun stroke, is said, in some degree, to be attributable to wearing the uniform stock and the heavy cloth cap, which are the same which would be worn in the winter season in cold climates.

The following disaster from wearing the stock is related in the *Med. Times and Gazette:* "A soldier was last week suffocated, by his stock, in the railroad train. He was drunk, and falling down to the bottom of the carriage, was strangled by the pressure of this absurd representation of red-tape wisdom."

Mr. Archibald Campbell, a respectable farmer in the township of Camden East, while engaged in finishing a new dwelling, met with a singular accident; the scaffold gave way, he was precipitated to the ground, and dislocated his neck. When his head was brought to its proper position, the vertebræ of the neck returned to their place with a dull but distinct snap. The whole body is paralyzed and dead from the neck downward. He is not capable of moving a muscle or experiencing the slightest pain. Fortunately the nerves supplying the muscles used in respiration were not paralyzed, and he can breathe and live.

The *Lancet* says that there are one thousand and sixty-three students attending the London hospitals.

Dalton's Physiology is receiving from the European reviewers the highest expressions as to its merit, particularly in regard to the original investigations of its author, in which respect they acknowledge some of their own recent works on the subject to have been deficient.

☞ The seventeenth annual meeting of the New York Society for the Relief of the Widows and Orphans of Medical Men, was held on the 30th ult. The following gentlemen were elected officers for the ensuing year: President, Dr. James Anderson; Vice Presidents, Drs. H. D. Bulkley, G. Cammann, and W. Detmold; Treasurer, Dr. D. L. Beadle; Managers, Drs. Wood, Delafield, Whites, Crane, Port, Woodward and Hubbard.

A Clinic of Diseases of Children has been established at the Hospital for Sick Children, in London, by Drs. West, Jenner, and Athol Johnston.

In this respect the clinical teaching in this country is very deficient.

A Hospital for Paralytic Diseases is proposed to be established in London. It is said that ten thousand people die annually of paralysis in England and Wales. Such an institution may do much good by presenting an opportunity to medical men for studying that specialty, but it is probable that it would, for the most part, become but an asylum for incurables.

A Medical Badge.—A medical journal advocates the wearing of some peculiar apparel, or peculiar article of dress, by physicians as a badge of their calling, and suggests the wearing the beard long, as a distinguishing mark of the fraternity.

We would suggest, for those who are very anxious to be always recognised as physicians by their appearance, that the length of their ears should be a sufficient mark.

Subterranean Fire in Belgium.—The *Union*, of Charlero, in Belgium, says: "For some days, and especially for some nights past, flames of a bluish color are to be seen in the neighborhood of the village of Falisole, and they leave after them a strong sulphurous smell. They come from the bed of coal called the Grande Masse, which has been burning under ground for about forty years, in spite of all efforts to extinguish or check the conflagration. The soil above the Grande Masse contains numerous crevices, from which puffs of heat often come; the crops on it ripen two or three weeks sooner than on other land, and in winter the snow always melts; whilst from an abandoned well, smoke continually arises. This subterranean fire, the only one which exists in Belgium, is said to have been wilfully occasioned by some of the inhabitants of Falisole, as an act of spite to other inhabitants of the village for having extracted more coal than the former thought right—the pit being common property."

Dr. Radcliffe replied to King William on being asked his opinion in regard to an infirmity which had attacked his legs,—"I would not have your Majesty's two legs for your three kingdoms."

The Explosion on the Great Eastern illustrated the immediate effect of intense scalding by steam. The *London Times* says, that for a few minutes the injured men were able to walk about, apparently unhurt, though in fact mortally injured beyond all hope of recovery. This was so with one or two, who, as they emerged from below, walked aft with that indescribable expression in their faces only resembling intense astonishment; and a certain faltering of the gait and movements like one who walks in his sleep. When not begrimed by the smoke or ashes, the peculiar bright, soft whiteness of the face, hands or breast, told at once that the skin, though unbroken, had, in fact, been boiled by the steam. One man walked along with the movement and look described, and seemed quite unconscious that the flesh of his thighs (most probably by the ashes in the furnace) was burnt in deep holes. To some one who came to his assistance, he said, quietly: "I am all right, there are others worse than me; go look after them." The poor man was the first to die. He expired quietly, as if falling into a refreshing sleep.

The physicians and surgeons of Guy's Hospital, London, have awarded the Astley Cooper prize of £300 to Dr. Crisp, of Parliament street, Westminster, for his essay on "The Structure and use of the Thyroid Gland."

Obstetrical Society of London—Dr. C. D. Meigs, Professor of Obstetrics in the Jefferson Medical College, and Dr. Walter Channing, Professor of Obstetrics in the University of Cambridge, have been proposed, by the council, for the fellowship in the Obstetrical Society of London. At the same time other distinguished names in obstetrics, with which all are familiar, were offered, such as Simpson, Moreau, Siebold, Dubois, Scanzoni and Churchill.

The New French Disinfecting Powder, consisting of plaster of Paris and coal tar, of which we gave recently an account, has been effectively used in this city. Dr. Kline reports its application in a case of carcinoma, in which the discharge was so fetid as to be intolerable to the attendants of the patient. The fetor was immediately destroyed. It has also been used with advantage in sloughing ulcers, by Dr. Agnew, in the Philadelphia Hospital. The disinfecting powder may be had at Hassard & Co's, 12th and Chestnut streets.

The Present Population of Philadelphia.—If we needed any other evidence of the great growth of Philadelphia, than the extent of ground which has been covered with houses since the last census, we shall find it in the fact just revealed by the labor of Mr. Cohen, in making up the City Directory of Philadelphia. He has gone sufficiently far into that work to show that the population of Philadelphia at the present time is 680,000 persons—an increase of 271,238 persons since the last census, taken nine years ago, or about 66 1-3 per cent. The increase for the previous ten years was 58 3 4 per cent. The increase of population, therefore, has been eight per cent. greater in the last nine years than it was in the previous ten. Philadelphia, with the exception of London and Paris, has a population larger, perhaps, than any other European city. It has 135,000 more inhabitants than New York had at the last census—545,000; though that city, like Philadelphia, has largely increased its population since that time, and probably numbers 750,000 at this time. The large increase in the population of Philadelphia is doubtless owing to the spread of its manufacturing. No city in the Union is more largely and variously engaged in this branch of productive industry. This, with the vast mineral resources of the State, developed by Philadelphia capital, is the great source of its prosperity and its wealth, and is making Philadelphia, not only the most populous, but the most beautiful city in America.—*Ledger.*

It is said that abortion in cows has been frequently produced by feeding on ergotized grass-seed. . . . Fossil shell fish, resembling lobsters, have been found, which were over six feet in length. . . . The heat produced in the body of a healthy man, in the course of twenty-four hours, if it could be applied, would be sufficient to raise about seven thousand tons to the height of one foot. . . . It is calculated that in all Europe the male population would, judging from the births, surpass the female by four millions, if this excess was not daily counteracted by the numerous accidents to which the males are exposed, and which materially diminish their numbers. . . . The relics of the Franklin expedition are on exhibition in London. . . . Louis Napoleon is, it is said, suffering from paroxysms of a nervous disease which it is thought will eventually induce insanity. . . . The artesian well at Columbus, Ohio, has reached a depth of 2,300 feet—the deepest in the world.

The most Antique Work on Materia Medica.—Mr. E. S. Wayne gives in the *Druggist*, the following account of an ancient volume, which he found among some old medical works. The volume has no title page, unless the heading of the first chapter, which reads as follows, is intended for it: "Here begynnyth a newe mater; the whiche sheweth and treateth of ye vertues proprytes of herbes, the whiche is called an herball.

Cum gratia et privilegio
a rege indulto."

The imprint at the end of the volume :—

"Imprynted by me Richarde Banckes, dwellynge in London, a lytel fro ye Stockes in ye Pultry ye xxv day of Marche, The yere of our Lorde M.CCCCC & XXV."

The volume is printed in the old English black letter, and from the peculiarity of the spelling and obsolete words, the reading of it understandingly is at first difficult.

This work is, I believe, a much earlier one than any mentioned by Pereira in his historical table of materia medica; the earliest English treatise he mentions in it is dated 1550—the date of this 1525. He, however, mentions an herbal previous to 1550, the title of of which is given, but no date to it.

The medicinal classification of the substances mentioned is that of Galen, namely, into the hot, cold, and dry, in the first, second, third and fourth degrees. The following are some extracts from the volume.

Auetum. (Dill.)—This herbe auetum, that men call auete; otherwise Dyll. This herbe hathe leues lyke to fenell, but the sede is some dele brode as Drage seede is. The vertue of this herbe is thus, it wyll make a man pysse. Also it swageth romblynge in a mans wombe, and wycked wyndes in the wombe. Also it destroyeth the gerynge. The sede of this herbe brente and layde upon a wounde it heleth soone; and namely, if a man be scalded on his membres, or on his yarde, strawe the powder thereon and it shal be hole, or what maner euyll that riseth in a mans yarde it shal be hole in the same maner. A playster made with the same powder and shepes talow and blacke sope is good for the emerauds. This herbe is hot and dry.

Anisum. (Anise.)—This herbe is called Anyse. The vertue of this herbe is thus, It unbyndeth the stoppynge of the lyuer, and of wycked wyndes and of great humours, and uncloseth the mylte: Also it styreth to a man to make water and to swete. Also this herbe maketh a mans wombe laxatyve, if it be harde; and the sede must be parched or roasted in all mener medycynes, that it wyll worke ye rather. This herbe is hote and dry.

Bete. (Cumin.)—This herbe Bete is called Comyn. And ther be two spyces thereof as Diastolides sayeth. The one is whyte, the other is blacke. The vertue of this herbe is thus, If the joyce thereof be put in the nosethrylles of a man, it clenseth a mans heed, Also it aswageth the akynge of the eyes of euery persone. It clenseth the heed from nyttes, and some other vermyne. Also it repareth and amendeth a manes heere of his heed. Also this herbe destroyeth botches and byles. Also Diastolides sayeth if a man use ouer moch of this herbe that it nourryssheth wycked humoures in a man, for it is hot and dry.

Cituca. (Conium.)—This herbe is called Humlocke or herbe Benet. The vertue of this herbe is thus. The joyce of this herbe kepeth a maydens teets small. Also this herbe ofte dronke kepeth and destroyeth the great appetyte of leechery. Also the joyce tempered with swynes greece destroyeth ye hote potagre, and swageth the great swellynge; for it is colde and dry.

Coriandrum.—This herbe is called Colyandre. The vertue of this herbe is thus. If the joyce be dronken with hony it wyll flee wormes in mannes body; and hardeth a mannes wombe. The sede thereof is good to do awaye the feuers that come the third day.

Elleborus Albus. (White Hellebore.)—This is pelletour of Spayne, or Longeworte. This herbe hath leues moche lyke to Pedelyon, but they be not so much fiytte without, and it hath a flower as it were a parsnep. His vertue is yf it be put in the nosethrylles of a man it wylle make hym to snese. Also it heleth scabbes, the morfew and tetters. Also it purgeth a man of wycked colours, of the flewme, and of ye emerawdes. Also for ye toth ache it is good if it be sothen in wine and keepe it as hote as he may suffre in his mouth. And it is good to purge a mannes stomake and his wombe. Also the powder thereof put in gruell shall flee wormes, and the joyce medled with mylke shall flee flyes. It is hot and dry.

Elleborus Niger. (Black Hellebore.)—This is called Pedelyon. His leues be moche lyke to longe worte, but they be not so whyte, and it hathe a brode flowre and a black rote. His vertue is yf it be made in powder it wyll destroy and flee rattes. And this herbe is hot and drye.

Herba Joannis. (Hypericum P.)—This is called Saynt Johannes worte. The vertue of it is thus. If it be putte in a mannes howse, there shall come no wycked spyryte therein.

The Kane Monument.—Public lectures are being given in New York for the purpose of raising funds for the Kane Monument Association.

Leave of absence for three months has been granted to Assistant Surgeon R. F. Simpson, Medical Department.

To Correspondents.

Dr. W. K., Tennessee, is anxious for advice from readers of this journal, as to an effective treatment for a case of long suffering from ascarides, in which a great variety of treatment has failed.

The very latest remedies which we have noticed are the introduction of a little mercurial ointment into the rectum, and the recommendation as infallible, by a recent writer in the *Medical Times and Gazette,* of common salt and vegetable charcoal, to be taken on rising every morning for some time.

E. S., Indiana.—Fractures of the shaft of the femur are treated in the hospitals of this city with the long straight splint—Physick's modification of Desault's apparatus.

G., Alabama.—The anatomical rooms in this city remain open during almost the entire year, and special courses of lectures are given during the spring and fall on a great variety of medical subjects.

A. B., Maryland.—Monsel's persulphate of iron is a reliable hæmostatic. It may be applied to a bleeding surface, producing little irritation, or administered internally in from three to five grain doses.

Provincial.—There is probably less competition for practice in the suburbs of the city than in the more central localities, but the practice there would be less profitable in proportion to its amount, and for other reasons less attractive.

A physician in a populous city may not have more practice in his immediate vicinity than in neighborhoods more remote. He is generally employed by families from choice, not from proximity of residence.

Communications Received.—*Illinois,* Mr. J. Hulme, Dr. N. F. Prentiss, (with encl.)—*Indiana,* Dr. W. Dickey, (with encl.)—Dr. L. D. Personette—*Iowa,* Dr. W. Gutch (with encl.)—*Kansas,* Dr. W. Fisher, (with encl.)—*Kentucky,* Dr. J. D. Jackson, (with encl.)—*Maryland,* Dr. J. Sappington, (with encl.)—*New Jersey,* Dr. A. W. Woodhull—*New York,* Dr. W. G. Meacham, Dr. J. Fiske Rogers, (with encl.)—*Oregon,* Dr. James W. McAfee, (with encl.)—*Pennsylvania,* Dr. Abraham Stout, (with encl.,) Dr. R. S. Myers, Dr. H. L. Donnelly, Dr. G. W. C. James, (with encl.,) Dr. J. H. Keeler, Dr. J. K. Raub, (with encl.)

Office Payments.—Mr. C. L. Stoddart, Dr. H. W. Brinton, Mr. D. W. Kolbé, Mr. H. D. Lachenour, Dr. E. Peace, Dr. W. E. Weatherley.

MARRIAGES.

Garretson—Craft—At the residence of George Craft, Gloucester county, N. J., on Fifth day, the 10th ult., after the manner of the Society of Friends, Dr. James E. Garretson, of Philadelphia, to Beulah, eldest daughter of George and Mary B. Craft.

Gulick—Horton—In Cranberry, N. J., Nov. 23d, by Rev. Dr. Symmes, Geo. Horton, Jr., of New York city, to Mary, eldest daughter of Dr. S. Gulick, of the former place.

Woodhull—Ellis—At Freehold, N. J., on the 22d inst., by Rev. Mr. Collier, Dr. Addison W. Woodhull and Emma S., daughter of Daniel H. Ellis, Esq., of that place.

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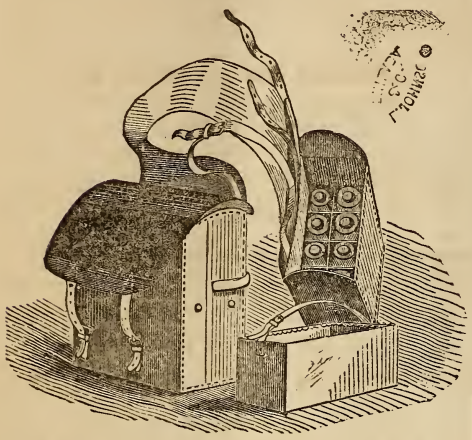

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No. 2, containing	10	1	oz.	"	" and	
	10	1/2	oz.	"	"	8 50
No. 3, containing	8	1	oz.	"	" and	
	8	1/2	oz.	"	"	7 50

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No. 6, "	16	1	oz.	" "	8 50

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No. 7, containing	24	1	oz.	Ground Stop. Bottles,	$10 50
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No. 9, "	16	1	oz.	" "	8 50

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" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$19 00
No. 2, containing	21	1	oz.	Ground Stop. Bottles,		
" "	14	1/2	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$15 50
No. 3, containing	18	1	oz.	Ground Stop. Bottles,		
" "	10	1/2	oz.	" "	and	
" "	4		Pots,	" "		$12 00
No. 4, containing	20	1 1/2	oz.	Ground Stop. Bottles	and	
" "	2		Pots,	" "		$8 50
No. 5, containing	15	1	oz.	Ground Stop. Bottles,		$6 50

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No. 1, containing	9	1 1/2	oz.	Ground Stop. Bottles,		
" "	18	1	oz.	" "		
" "	18	1/2	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$20 00
No. 2, containing	7	1 1/2	oz.	Ground Stop. Bottles,		
" "	14	1	oz.	" "		
" "	14	1/2	oz.	" "		
" "	4		Pots,	" "	and	
" "	1		Mortar,	" "		$16 50
No. 3, containing	14	1	oz.	Ground Stop. Bottles,		
" "	14	1 1/2	oz.	" "	and	
" "	4		Pots,	" "		$13 00

126 y

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Emeritus Professor of Surgery in the University of Penna.

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REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet, (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

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Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
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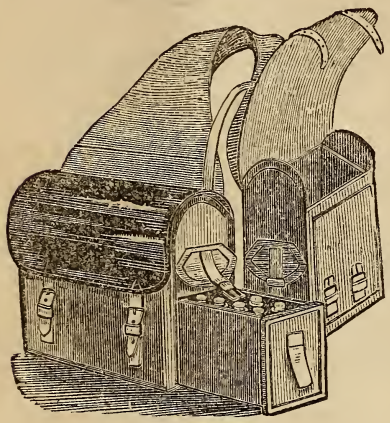

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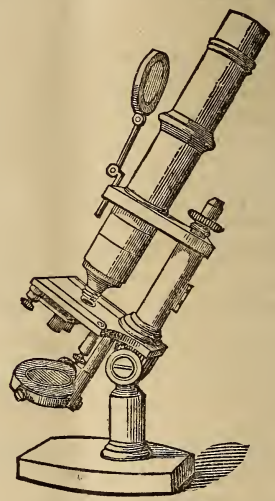

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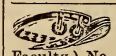

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 164. PHILADELPHIA, DECEMBER 10, 1859. NEW SERIES VOL. III. NO. 11

ORIGINAL DEPARTMENT.

Communications.

Report of a Case of Dislocation of the Radius and Fracture of the Ulna, with Mode of Reduction and Treatment, Nine Weeks after the Injury.

By John Swinburne, M. D.,

Of Albany, N. Y.

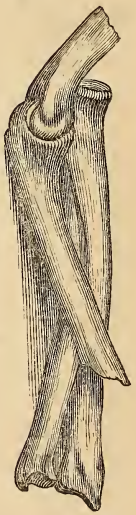
The patient was master J. H., aged eight years, of Denmark, Lewis county, N. Y. Three months ago, he fell, striking on the left hand, producing a fracture of the ulna at the junction of the middle and lower third, accompanied by a distortion, which was not reduced. The arm was dressed with splints, efforts being made to reduce the deformity by means of compresses, and in about four weeks union took place, but the arm was incapable of flexion. On thorough examination, it was discovered that the head of the radius was dislocated anteriorly upon the face of the humerus.

Six weeks after the accident, several physicians and surgeons were consulted, who advised non-interference.

Eight weeks after the accident, the patient was brought to this city, and the arm examined. At the seat of the fracture, the ends of the ulna were found to have overlapped, and united at an angle of about 25 degrees, the upper fragment projecting beyond the line of the bone, so as to produce an oblong tumor of an inch in length and half an inch in width, almost protruding through the skin. This unusual overlapping and consequent shortening is, of course, incompatible with a sound radius, which would act as a splint to maintain the normal length of the fractured ulna. But in this case, the radius was driven up over the condyles of the humerus, to an extent sufficient to make the arm an inch and a quarter shorter than the other; and in this position, also, the interesseous space was correspondingly increased near the elbow, being about an inch in extent, and seemingly occupied by a firm fibrinous deposit.

The position of the ulna and radius, and the relation of the latter to the humerus, is exhibited in the subjoined drawing.

Fig. 1.



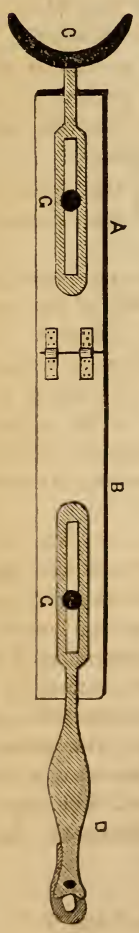
With a view to removing the deformity, and redeeming the usefulness of the elbow, the following means were adopted:

The patient was placed under the influence of chloroform, and the ulna was then seized above and below the seat of fracture. By steady efforts the adhesions were broken up, and the extremities rendered movable. The arm was extended by assistants, from the hand and lower portion of the humerus, and by manipulating, the head of the radius was brought down nearly, but not quite, into its natural position. Nothing now remained but to apply the dressings, and, as would be anticipated, the complication of the case rendered the selection of these somewhat difficult. The common hinge elbow splint was applied temporarily, and continued for three days, but its use was very unsatisfactory. Every effort to flex the elbow beyond forty-five degrees would

cause the head of the radius to slide around the external condyle, continuing the deformity, and causing intense suffering. The arm was swollen and sore, notwithstanding cold lotions were perseveringly and constantly applied.

As I have stated, the elbow splint was unsatisfactory in its action, and it was apparent that, for the ultimate success of the treatment, it was necessary to maintain permanent extension, both to prevent overlapping of the ends of the ulna, and also to reduce and retain the head of the radius in position, as well as by a *constant* and *permanent* reductive effort, to re store the symmetry of the joint, the bones being constantly forced toward their proper places, the effused lymph being absorbed by their pressure.

Fig. 2.



Accordingly, to effect these requirements, an apparatus was contrived, as represented in Fig. 2.

It consists of two plane pieces of plate iron, *a* and *b*, covered with morocco and padded, and connected by a hinge. These pieces are intended for the inside of the arm. The crutch, *o*, is for the axilla, and connected to *a* by means of a slot and thumb screw, *g*, as is also the sliding piece, *d*.

The object of these is to adjust the instrument to an arm of any length, but always to be applied in the extended position of the arm, and fastened by means of straps and buckles which are secured to the splint, two above and two below.

The hand is fastened to the forearm piece *d*, by means of strips of adhesive plaster, applied around the wrist and hand, the loops extending beyond the fingers, and secured to the movable picce, *d*, which is perforated for the purpose.

The following diagrams illustrate the principle of extension by means of this apparatus.

Fig. 3.

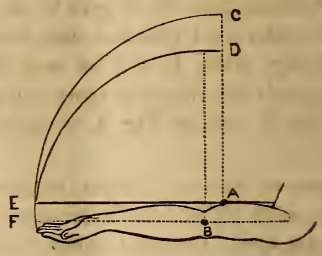
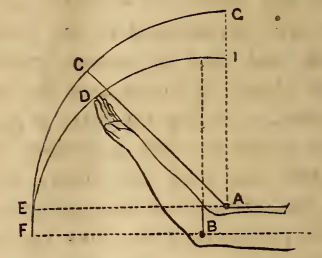


Fig. 4.



a, Fig. 3, is the joint of the instrument, *b* is the elbow joint. The joint *a* is about one or one and a half inches *above* the joint *b*, and from one and a quarter to three inches in front of it. The end of the instrument and the forearm extend to the same point. Now, semiflex the forearm, and the splint will extend farther than the fingers by the distance *c d*, Fig. 4, and when the flexion extends to a right angle, the difference is *g i*. It is plain, therefore, that if the hand be *made fast* to the end of the instrument while extended, then, when it is flexed, the hand and the end of the instrument will describe the same circle, and both extend to the point *g*, the forearm being forcibly extended, the amount of extension being proportional to the diameter of the arm—in other words, the *vertical* distance between the joints of the arm and instrument respectively, and also the *horizontal* distance between them, so that, by means of this simple arrangement,

sufficient extension is made to continue prolonged reductive efforts in old standing dislocations, and to keep recent ones reduced, which might otherwise be troublesome.

The principle involved may be illustrated very easily by simply placing a bit of board on the forearm, from the fingers to the elbow, fixing it at the joint with the other hand, and then flexing, when it will be seen that the splint extends two inches or more beyond the fingers, as is seen in Fig. 4, compared with Fig. 3.

Suppose we have an oblique fracture of the humerus, with an inch of overlapping of its ends. Apply the extended splint to the extended arm; let the hinge of the splint be an inch lower down than the elbow joint; secure the splint to the arm, and flex; then when the arm and splint are at right angles, the humerus will be extended to the amount of one inch, and thus of normal length; *vice versa*, to obtain extension upon the bones of the forearm, it is only necessary to place the extended splint in such a position that its hinge shall fall *above* the elbow, when, by flexing, the action is reversed, and the extension produced between the elbow and hand, or lower forearm.

The crutch in the axilla, of course, acts as a counter-extendent, and is indispensible to complete the apparatus, as without it the humeral portion would be constantly sliding away from the elbow joint, and thus the extending power lost.

To proceed with the history of this particular case; the apparatus was applied as described, and the elbow bent, thus making extension by which the refractured ends of the ulna were prevented from overlapping, and, at the same time, the head of the radius brought down to its proper position, as nearly as practicable, and retained from mounting upon the humerus, where it had lain so long. This splint was applied on the 24th of October, and with the happiest result, for until this was made and applied, I began to feel very doubtful as to the result, for the reasons above mentioned. Now, upon flexing the forearm to a right angle I had the satisfaction to find that the fragments of the ulna were adjusted accurately, and the head of the radius assuming its normal position. The limb was kept in this position until the next day. The swelling was no greater than before; there was less tenderness, and the arm was worked considerably, flexing and extending.

Oct. 29th.—Was able to bend the arm to an angle of seventy-five degrees, so that the hand could be carried up to the mouth. Limb of full length; head of radius in its normal position; swelling and tenderness lessened. Patient eats and sleeps well.

Nov. 2d.—Radius in normal position; ends of ulna in perfect apposition; perfect freedom of motion in the joint; flexion, extension and rotation. The father of the boy being anxious to return home, he was permitted to do so, under general instructions as to treatment.

Nov. 10th.—His physician writes that the arm is doing well, with every prospect of an entirely perfect member. The swelling and tenderness have entirely disappeared.

Nov. 20.—Physician writes that union is tolerably firm in the ulna, with every prospect of a perfect limb.

From the description of the apparatus, its applicability to all fractures, both of the arm and forearm, will be readily inferred. It could be used to great advantage in any oblique fracture of the humerus, in any part of the shaft, or of the surgical neck, or in general, in any case where, from the disposition of fractured ends to overlap, a permanently extended position is indicated.

The apparatus used in this case was very finely constructed by Mr. Franks, of this city, who is well skilled in the manufacture of trusses, bandages, and other surgical appliances.

It should be stated that extension could be obtained by two simple boards, united by a hinge, and padded so as to be comfortable, so that in a case of emergency, an extemporane ous appliance could be readily procured, which would answer a good purpose, although imperfect as regards readiness of adjustment, comfort and elegance.

———o———

Smallpox is prevailing in St. John, N. B.

Bronze Liver in Intermittent Fever.

By Charles F. J. Lehlbach, M. D.,
Of New York.

In the transactions of the medical society of the State of New Jersey, for 1858, p. 38, will be found *two cases of intermittent fever with* BRONZE LIVERS. I append these cases here:

E S. a girl, aet. 15, was taken sick on Monday, October 25th, in the evening, after taking a plentiful supper. She lived in Chambers street, in a very malarious neighborhood, surrounded by ponds and marshes. She went to bed shivering with a chill, which grew very severe, and she died during the night, medical attendance sent for, not having reached her. For the last two or three months, she had had intermittent fever, which, however, was not treated, as the chill came on at night, and she did not complain; all that her relatives knew, was that her aunt, with whom she slept, often observed her teeth to chatter. Her brother was also affected with the disease, and was sick with it at the time of her death.

Post mortem examination, Oct. 26th, 1858. Present, Drs. Milton Baldwin, Bethuel L. Dodd, and myself.

Thoracic Cavity: Pleural cavity much distended with clear perfectly transparent, light-colored serum; the fluid, on rough measurement, amounted to over two quarts. There was not the least sign of recent or old inflammation in the pleura, neither adhesion nor thickening, not even vascular injection. The *lungs* were healthy. The pericardium contained also an abnormal quantity of fluid of the same character as the pleura, still with no traces of inflammatory action. *Heart* perfectly sound; large bloodvessels the same. *Abdominal cavity:* Considerable effusion of clear transparent serum in the peritoneal cavity; but no trace of inflammation in the membrane itself. *Liver:* Slightly enlarged, somewhat congested; on the superior surface of the large lobe, it presented several large spots of *bronze discoloration*, so well marked and distinct, that seeing it, one of the gentlemen present, who had previously doubted the occurrence of this lesion in simple intermittent fever, at once admitted it, and with the true candor of a philosophical observer, is now a strong advocate of bronze liver in intermittent. Beside these spots where the discoloration was unmistakable, the liver, over its whole surface had a darker hue than natural. The spleen was enlarged and presented the appearance usual in intermittents. Other viscera normal.

The second case, not observed by myself, was furnished to me by Dr. Grant, of Newark. It had occurred in the practice of Dr. Sayre, of New York. The patient was a little boy, three years of age, who had intermittent fever when only two years of age, and had suffered frequent returns of the disease, in all some seven or eight attacks, of longer or shorter duration, of the irregular or masked type. In the fall of 1858, he had dysentery, from which he recovered. General edema followed shortly afterward, with effusion in the chest, and he died in December.

Post Mortem Examination.—Thorax: Effusion in the left side to the amount of six ounces; right side about the same—no adhesions on either side; *lungs perfectly healthy, heart* somewhat enlarged; hypertrophy with dilatation of left ventricle. *Abdominal cavity: Liver* very much enlarged, on section bleeds freely; to the eye it presents light mottled spots, resembling fatty liver; *its base bronzed. Spleen,* unusually large, size of an adult, texture normal, color very black; kidneys, to the eye normal. *Intestines:* Fæces in rectum, black and tarry, resembling meconium; solitary glands much enlarged throughout.

Since then I have seen another case, as follows:

I was called, on March 12th, to make a post mortem examination, by order of the Coroner, on a child which had died suddenly three weeks after birth, without medical attendance, from what the parents, who were Germans, called "internal fits"—a phrase very often used by that people to assign various causes of death in infants. The post mortem examination revealed a very decided *bronze discoloration of the liver*, much more so, indeed, than I had seen it in the first case. The whole liver was of a bronze, olive color; the discoloration was not limited to the inferior surface

of the organ, and could not, therefore, be ascribed to mere post mortem engorgement or congestion; it was rather more marked on the upper surface, and also found to extend into the parenchyma of the liver. The spleen was found very much enlarged. The rest of the abdominal and the thoracic viscera were in a normal condition; brain not examined.

The external appearance of the child was remarkable. It was extremely pallid, yet not thin or emaciated, and seemed to be well-built and fully developed. But it presented the peculiar doughy, marble-paleness, which is seen in instances of persons who have died from pernicious intermittent fever, and who have long been under the influence of malarious poison.

This state of things, with enormously enlarged spleen, with the liver enlarged and bronzed, convinced me, at once, that the child must have been subjected to malarious influence, and that death, probably, had resulted from its effects, and that what the mother designated as "internal fits," were but paroxysms of the cold stage of intermittent fever.

We examined the mother very closely, and the following facts were elicited:

Some four or six weeks previous to her confinement, the mother had been suffering very seriously from intermittent fever. She had had paroxysms of intermittent fever for a period of three or four weeks before confinement. It was finally broken up eight or ten days before confinement. The second important fact was, that from the time of its birth to the time when the child died, the mother had frequently observed it to become pale rather suddenly, and it was evident that some disturbing cause was operating upon the child. It would then be seized with these "internal fits." The recollection of the mother was distinct, that these attacks came on as often as every second day, generally in the forenoon, but she could not state definitely that they did *not* come on every day.

I think there can hardly be a doubt—at least, there is none in my mind—that these attacks were paroxysms of an intermittent fever, and that the bronze liver and enlarged spleen were the lesions following it. It is true that the child was only three weeks old, but it will be recollected that the mother was attacked with intermittent six weeks before confinement, which would bring the period during which the child was exposed to malaria, up to nine or ten weeks.

A few weeks ago, Dr. Grant, of Newark, N. J., shewed me a section of a decidedly bronzed liver removed from a man, who had resided in Minnesota, and had suffered there very severely from intermittent fever.

From these observations, it would seem as if the idea, that *bronze liver* is the *peculiar characteristic* lesion of *remittent* fever, must be abandoned, and the discoloration be looked upon as common to malarious fevers, as a change resulting from the deposit of the coloring elements of the blood; and I incline to the opinion that this deposit takes place, not so much as a consequence merely of repeated congestions, (because there are numerous diseases in which the liver undergoes as severe congestion as in intermittent fever, without any bronze discoloration;) but in consequence of a peculiar influence of the malarious poison upon the system, which leads to a tendency of decomposition of the coloring matter of the blood, and which is nearly related to the splenic lesions so characteristic in all forms of malarious disease.

I record these cases in order to call the attention of those of the profession, who have an opportunity to make post mortem examinations of patients who died, of (or while having) intermittent fever,—to the subject; so that it may be determined, if possible, in what numerical proportions bronze liver occurs in intermittent fever; whether we have to look upon it as a general, or as an occasional lesion of the disease; whether there appears to exist any relation between the change in the spleen and the bronze discoloration, as far as the intensity of both is concerned; whether bronze liver is found in persons, who have enlarged spleen (ague cake,) after a long residence in a highly malarious region, but who have never had a regular attack of chills.

Removal of an Ovarian Cyst.

By Edwin R. Bell, M. D.,
Of Ripley, Ohio.

On the 27th of September I was requested to visit Mrs. K., who resides near Eckmansville, Adams county, Ohio.

I found her very much prostrated and emaciated; nervous-bilious temperament; tongue somewhat dry, and covered slightly with a whitish fur; pulse 75; abdomen greatly distended; difficulty of breathing; catamenia, suppressed for the last six months.

In percussion over the abdominal region, fluctuation was distinct in the upper region, dullness, with feeble fluctuation, in the lower portion, especially in the right and left illiac regions; the bowels were crowded back toward the spinal column. In changing her position to her side, I found it did not destroy the tympanitis over the bowels on that side.

On examination per vaginam, I found the womb crowded down into the vagina by the weight above. It was of normal size, and appeared to have no connection with the mass above, as well as I could judge by my finger alone, not having a uterine sound with me. Taking all the symptoms into consideration, and especially her peculiar expression of countenance, which I have always found to accompany the disease, I came to the conclusion that she was laboring under a multilocular cyst of either one or both of the ovaries.

On questioning her I obtained the following history of her case: Age, 36 years; mother of five children, the youngest five years of age; had enjoyed good health up to last February, at which time she suffered from occasional shooting pains through the lower portion of her bowels, but which, without medication, ceased during the month of March, at which time she felt as well as usual. During the month of April, her attention was called to a fulness of the lower portion of the bowels, which increased slowly until in May, when it came on more rapidly. As her courses were stopped, she came to the conclusion that she must be pregnant, but felt uneasy, and different from what she had felt before in carrying her other children. She mentioned the circumstance to her female friends, who advised her to call in her family physician. In the month of June she found herself getting very weak, with difficulty of breathing, and her abdomen enlarging rapidly. She then consented to have her physician sent for. On examination he pronounced her disease to be ascites, and put her on mercurials and diuretics. He gave blue pill after blue pill, in hopes of salivating her; happily, he did not succeed. He found, after repeated trials, that medication was of no avail. In July, he proposed to tap her, and did so, drawing off about two gallons of straw-colored fluid, which reduced the swelling about one-third, relieving her considerably at the time. In three or four weeks she was as large as she was previous to the tapping. He attempted to draw off the fluid again, and selected a point below where he had tapped her previously; but this time he was not so successful—the fluid would not run, and as he supposed the cause was owing to its thickness, he ceased his efforts, telling her friends her case was hopeless. In two or three weeks afterwards I was called to see her. Knowing that medication was worse than useless, I told her that her only hope for a radical cure was to submit to an operation for the removal of the cyst, at the same time telling her of its dangers. I recommended that Dr. A. Dunlap, my former partner, of Springfield, O., (who has had great experience in ovariatomy, having removed a number of ovarian cysts successfully,) should be sent for to consult with me in reference to the case. On the following week I visited her again, in company with Dr. A. Dunlap. After an examination, his opinion in reference to the case was the same as my own.

As she had made up her mind favorable to an operation, the 19th day of October was selected as the time to perform it. She was directed to take small portions of pulv. rhei., and soda bicarb. so as to keep her bowels moved once a day.

At the appointed time we visited her again, found her about as we had left her, excepting that she was considerably more nervous and low spirited, from fear of the operation.

After the patient was prepared, she was placed upon a table, with her shoulders elevated and her feet resting upon a chair, and brought under the influence of chloroform by Dr. Woodward, Surgeon Dentist of Ripley, O. Dr. A. Dunlap, assisted by myself, in the presence of a number of physicians, commenced the operation, by making an incision in the median line, through the integument and cellular tissue, by careful dissection; the peritoneal sac was opened large enough to admit the finger, which was used as a director.

The incision thus commenced, was continued some three inches above the umbilicus and down almost to the symphysis pubis. The opening thus made was nearly fifteen inches long. The cyst being exposed, the hand was run between it and the peritoneal sac, to free it from adhesions, which were not strong in its upper part.

The cyst was found to be multilocular; the sacs varied very much in size, the largest holding about two gallons, from that down to the third of a gill. In lifting the tumor from its cavity in the abdomen, so as to be able to empty the largest cysts, before severing the attachments, one of the smaller cysts unfortunately gave way, and its contents, about half a gallon in amount, was thrown among the bowels.

Having raised the tumor, we found a large adhesion, about two inches in width, adhering to the lower part of the tumor, in the right illiac fossa; as it contained large blood vessels, Dr. Dunlap ran a needle through it, armed with a double silken ligature, and tying one around each half, the adhesion was then separated. The pedicle, which sprang from the left ovary, was tied in the same manner as the adhesion, and then separated. The fluid was carefully sponged from the cavity of the abdomen, one end of each ligature of the pedicle and adhesion was cut close to the knot, the other ends were brought out and left in the lower end of the incision. The lips of the wound were brought together by six interrupted sutures, the intervening spaces were supported by adhesive straps; lint was then applied with a compress and bandage, and the patient placed in bed.

She came from under the influence of chloroform very pleasantly, perfectly unconscious of what had been done.

On placing her in bed, her pulse was 75, and tolerably full; reaction came on in a short time. During the second day after the operation, she suffered from vomiting, and suffered more or less from this during the first three weeks after the operation. On the fourth week she was able to sit up in bed; during the latter part of the fourth week she suffered excruciating neuralgiac pains in the abdomen. She was relieved by the usual treatment.

The wound is all healed above the ligatures, which have not yet come away. For the last two weeks she has been sitting up in bed; has a good appetite; bowels regular; gaining strength rapidly, and has every prospect at this time, Dec. 5, of being able in a few weeks to take charge of her house.

I am under many obligations to Dr. James, of Springfield, O., and Dr. McDill, of Winchester, O., for their kindness and attention to Mrs. K——, during my absence.

The tumor weighed 35 pounds.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

NOVEMBER 26TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Tuburcular Phthisis.—This is a disease not confined to the human race. It prevails in animals allied to man: thus monkeys, transferred to a cold climate, almost all die of consumption. It is also common in sheep and other domesticated herbivorous animals.

The symptoms of phthisis are obvious, and are as varied as the duration of the disease. The pathological lesion is the development of tubercles, the seat of which is generally the lungs; although I consider it just as much a *consumption* when other organs suffer from the same cause, as the peritoneum, meninges of the brain, etc. I look upon consumption mainly as a disease of the fluids, having a tendency to reproduce itself.

Emaciation sometimes occurs as the very first symptom of phthisis, and generally is present from the very beginning of the disease; but emaciation is not to be considered as predisposing to consumption. The countenance, also, often presents strong indications of the disease, in its color, aspect of the eye, etc.

Phthisis may originate with a catarrh, or it may not be preceded by any local inflammation; perhaps the larger number of cases is of this kind. Those inflammations of the lungs which act as determining causes of acute phthisis are of three kinds: 1st, of the serous membranes, pleurisy; 2d, of the mucous membrane, bronchitis; 3d, of the parenchyma of the lung, pneumonia. I mention these in the order of their frequency.

Pleurisy is very frequent at the commencement of phthisis. It may occur as a mere secondary inflammation, after the tubercles are formed, and is then to be looked upon as a *sign:* but it sometimes is a *cause*, attacking persons in good health; and, therefore, you should never look upon a case of pleurisy, especially in young persons, as well entirely, or as not liable to tuberculous complication.

There is the same relation between bronchitis and phthisis, but not the same necessary relation of cause and effect. It is not very common that tuberculous phthisis follows bronchitis as an effect, unless a strongly developed scrofulous diathesis exist.

Pneumonia is the least frequent of those local inflammations which act as determining causes of acute tubercle.

Besides the symptoms mentioned, there are fever, chills, night sweats and cough. There is often a disposition on the part of patients to conceal their symptoms. Sometimes, particularly in women, there is little emaciation, but the countenance assumes a pasty, lardy appearance.

The cough is at first a slight hacking, then bronchitic, then phthisical. The expectoration changes its character. The nummular form is characteristic; this occurs, singularly enough, in measles, but without the yellow color which it possesses in phthisis.

The patient, worn out by diarrhœa, emaciation and fever, dies of phthisis in the regular way. At other times death comes in an irregular way—by violent hæmorrhage, inflammation of the lungs, intense diarrhœa, or tuberculous meningitis.

This patient is in an advanced stage of the disease, emaciated, pallid and debilitated. His pulse is 120; he has chills, which occur about 11 or 12 o'clock, and sweats. This sweating is the simple termination of the febrile paroxysm, and is such as occurs in intermittent fever. It is increased by the patient's being exhausted. To lock this sweat up by elixir vitriol does no good. It is best arrested by breaking the violence of the paroxysm. His expectoration is, to a certain degree, nummular. The peculiar clubbed appearance of the ends of the fingers is dependent on the emaciation which takes place there; the fat is removed.

The general emaciation is produced by the fever, the derangement of the digestive system and lymphatic glands with the abundant discharges.

The physical signs indicate a tuberculous deposit in the upper two-thirds of both lungs. A cavity exists at the summit of the right lung; the left lung also has a cavity in process of softening, but is not yet so much disorganized as the right.

Prognosis.—In a case like this there is, of course, no hope. He is excessively broken down, and I admitted him yesterday, thinking that he must die in a short time.

Now, in such a case, what ought to be done? He ought *not* to be dosed with cod liver oil. When the system is excessively broken down, toward the close of the disease, cod liver oil will not do good. That which is productive of the least harm and most good, is a nourishing diet, porter, wine, and other tonics.

The fluid extract of cinchona, or the sulphate of quinia, keep up the strength and prevent the recurrence of chills. You should be careful about advising stimulants. I believe that alcoholic preparations, used as a medicine, strictly, have an antagonizing influence in this disease; but many persons are, unfortunately, so constituted that it is impossible for them to use alcoholic drinks of any kind without the risk of becoming drunkards. It is better that they should die of phthisis than of drunkenness.

Should opium be given? This is often an important question to decide. It is sometimes mischievous. Often it answers well in the form of sulphate of morphia, in 1-16th or 1-8th grain doses. Enough should be given to quiet pain and irritation, and if an irritable cough exists, it should be continued throughout the day. Opium is disadvantageous in a chronic disease, as interfering with digestion and inducing a confirmed habit of its use.

NOVEMBER 30.

Articular Rheumatism.—This is a disease which begins suddenly, with a tendency to a febrile paroxysm. The fever is often continuous, and of an intense degree. The pulse is frequent, and the skin hot, but moist. The pain is usually at first confined to one or two joints, and afterward is diffused among all the larger joints in turn, affecting most the knee and elbow. The arthritis is a peculiar variety of inflammation; it has not all the characteristics of true inflammation; the effusion of serum is never converted into pus.

Other constitutional symptoms are loss of appetite, dependent on the presence of fever; and constipation, which also depends upon the fever, and, in some degree, upon the immobility of the patient.

The cerebral functions are untouched by this disease, except that disturbance produced by fever.

The only internal lesion is a disturbance of the heart. This consists in the development of *endocarditis*, which always occurs. Pericarditis is an accident, occasionally occurring; we do not expect to find it. In every case of rheumatism you will find a decided or imperfect case of endocarditis; I regard it as an essential part of the disorder. The reason why it is not generally detected and admitted, is because disease of the heart is looked upon as a very serious matter, but endocarditis never kills.

The symptoms are pain, generally so slight, comparatively, that the patient does not think of it. By physical examination an intense bellows sound is heard, of a peculiar intonation, more musical than that produced by valvular disease, or by anæmia. This sound is almost entirely confined to the left side of the heart, and is chiefly, though not entirely, produced at the mitral valve. It is caused by the quick and jerking contraction of the heart. There is a great diversity in the degree of intensity of this sound; later in the disease it becomes rougher, dependent on a deposit upon the valves, or thickening of their substance.

Throughout the whole of ordinary acute rheumatism, these signs exist. In most cases they entirely disappear, and no trace of them is left. In other cases, valvular disease, hypertrophy of the heart, and dilatation ensue.

Children are most apt to suffer from endocarditis.

Dr. G. then introduced a patient in the early stage of this disease. She had been confined to bed since last Saturday, the 26th. Fever began simultaneously with the inflammation; her countenance was now indicative of the febrile movement; the pulse was frequent and hard; her wrists and shoulders were swollen and extremely painful; her lower extremities less so.

There was endocarditis here, indicated by the pain, and by the dullness, increased not in extent, but in degree. There was a bellows sound at the position of the mitral valve, only with the act of systole. At the semilunar valve there was a double sound, not roughened; there was also a slight friction sound, produced by some pericarditis.

Treatment.—Purgatives are very efficacious. I prefer Scudamore's mixture, and shall direct it in this instance. If a patient with rheumatism has not a bed properly prepared, the purgative treatment will annoy him very much; this may seem trivial, but is of serious disadvantage.

I more efficacious and certain remedy is Dover's powder. This is the best preparation of opium and ipecac. It may be given in five grain doses, four or five times a day. There are a number of other remedies. Lemon juice, largely given, is an English mode of treatment. I have never seen it do any good.

I will also direct three or four cups over the heart. Local bleeding only is admissable.

Delirium Tremens.—The attention of the class was called to an apparently strong and healthy looking man, who walked into the amphitheatre. He was a seaman, just recovered from mania-a-potu, after a debauch of 16 days. His hands were held grasped before him, to restrain a nervous movement which still remained.

Dr. G. had kept him upon the stimulant treatment. This, he had no doubt, was the speediest cure, and he had no compunctions of conscience in placing a patient upon it. It was the duty of the physician to use that remedy which was the most sure to get the patient well; that was the first and principal object. The moral objection to this treatment had no weight with him, for he had found that if a man had delirium tremens *once*, he would have it again, and the craving for drink was just as strong after any other treatment as after the alcoholic. This patient had two oz. of whiskey every two hours. To procure sleep, two gr. solution of morphia had been given two or three times during the course of the night; this was the full dose, generally he gave less.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

The Society met November 23d, Dr. Dalton in the chair.

Wound in Fœtus.—Dr. Finnell presented one of the lower extremities of a fœtus, with an interesting wound just below the knee joint. The wound was more of a penetrating than of an incised character, passing completely through the fleshy portion of the limb, and separating the fibula from its epiphysis.

The mother of this child, when in about the eighth month of gestation, received a stab in a scuffle, inflicted just below the umbilicus. A week after this time she was delivered, and had a natural labor. The child, however, was born dead, and by the physician was handed to the attendants and laid aside without further examination. The next day, when making his visit, his attention was called to this wound on the child's leg.

The point of interest in this case is to determine whether this wound was inflicted while the child was alive in the uterus of the mother. There are some circumstances which favor the view that the wound was accidentally inflicted on the still-born child after birth; f. i. the fact that the other limb was not injured in the least, while it can hardly be conceived how, in its doubled up position in utero, it and other parts could escape the injury, if it was really done by the stab; also the absence of any blood mixed with the liquor amnii, which the attending physician stated to have presented nothing unusual. It is to be supposed that a wound of this kind, inflicted on the fœtus in utero, would give rise to a bloody appearance of the amniotic fluid. Again, the wound was perfectly free from any evidences of reparative or inflammatory action.

Other circumstances, however, favored an opposite view. It was noticed that directly after the woman was stabbed, there was a gush of water, fol lowed by blood. This would seem as if the wound had penetrated the uterus, and a certain amount of the liquor amnii was discharged at the time of the injury. Again, the woman did not feel any movements whatever after the injury had been inflicted. The mother recovered completely, and suffered very little from the injury. How deep the wound penetrated was not known. At first it was presumed to go only through the integument. But the discovery of the wound on the child after birth, taken in connection with the escape of water at the time when the mother was stabbed, led to a contrary opinion. With what kind of instrument the stab had been inflicted was not known, as it could not be found.

DR. DALTON inquired whether it was a head presentation?

DR. FINNELL stated that he had been so informed by the attending physician.

DR. DALTON then remarked. that in a head presentation, if the limb of the fœtus, at the time of the stab, happened to press up against the side of the uterus, and the wall of the uterus being pressed against the abdomen, and the abdominal parietes themselves being tense, it did not appear impossible to him that a sharp, penetrating knife, might pass into the uterus and wound the fœtus. Hence there seemed to be good reason that the child was wounded at the time.

Foreign Body in the Air Passages for Six Years.—DR. CLARK presented part of a chestnut shell, covered on the inner surface with a little incrustation of calcareous matter, the anterior surface being quite natural with the exception that it is slightly covered by a whitish deposit. It was coughed up by a gentleman on Friday last.

When Dr. Clark saw him four years ago, to examine him whether he had tubercular disease, the patient stated that two years previously, while eating chestnuts and cracking them with his teeth, he was suddenly seized with an impulse to sneeze. He took a full inspiration, with a chestnut shell in his mouth. Immediately after he had the conviction that something went down his throat, and he was attacked with a cough, which lasted for some time, but finally ceased to oppress him very much.

When Dr. Clark saw him, on examination no evidences of tubercular disease were found. The only noticeable feature in the case was, that the breathing in the right lung was not near so forcible as in the left, and the respiratory murmur was feeble. About a year after this time he was attacked with a severe bronchitis. Dr. Wood then took charge of him. During the course of the disease the chest was repeatedly examined, and the unequal respiration still being present, and no probability of its being caused by a morbid deposit, the conviction remained that the chestnut shell was still there. He recovered from his bronchitis, and has not had any severe illness since. His general health remained very good, he retained his appetite and spirits, and looked entirely healthy. His appearance, as much as the physical examination, enabled Dr. Clark to exclude the element of tubercles from his case.

On Friday morning, while coughing as much as usual, he coughed three or four times, and raised a little mucous; then, with a cough not more violent than the others, he raised this portion of the chestnut, covered with a semi-transparent mucous. Its shape has been very little altered. When first removed it had very nearly the shape as it would when coming from the shell. A maceration of six years does not seem to have altered it materially. From Friday until to-day he does not know that his cough has been materially diminished. Undoubtedly the foreign substance has left behind an irritation which will remain for some time.

Aneurism of Aorta.—DR. CLARK next presented larynx, trachea, portion of the bronchial tubes, larger division of the bronchi, together with the heart and the aorta, on the inferior surface of which there is an aneurism.

The specimen was obtained from a man 33 years years of age. He was received into Bellevue Hospital ten days before his death. When he was admitted into the hospital the prominent symptom was difficulty of breathing. On examining the lungs with considerable care, as far as this could be done on the back, (the front could not be examined for reasons to be stated below,) respiration appeared unequal on the two sides. He was supposed, from the history that was given, to be suffering from tubercular disease. The evidence of tubercles, how-

ever, could not be positively recognized from the examination made. The patient stated that he had syphilis. The first idea which Dr. Clark had of the case was that the patient was suffering from laryngismus, produced by a certain amount of irritation, which had its origin either in tuberculosis or a syphylitic ulcer in the larynx. After a more careful examination, the former cause was excluded. Shortly after he had the same difficulty in inspiration as in expiration. This convinced Dr. Clark that there was no œdema glottidis. In this condition the patient continued for ten days, sometimes worse, sometimes better, during which time it was almost impossible to examine him in front, for the very moment he was put upon his back he was taken with a paroxysm of dyspnœa, which seemed almost to threaten his life. His easiest position was on his side, leaning a little forward; that position he kept night and day. He could not be raised in bed without producing a paroxysm that seemed to be dangerous, and every attempt to speak brought on the difficulty of breathing. Convinced that his difficulty was in the larynx, direction was given to the house physician that the patient should be closely watched, and if the symptoms should increase so as to threaten life, to call for the surgeon's assistance and have the trachea opened immediately. Nothing occurred, however, until yesterday morning at about four o'clock, when the house physician was called to him by a very unalarming message, namely, that the patient was not breathing as easily as natural. He found him absolutely blue, and the breath nearly out of him. Having no time to send for assistance, he opened the trachea and inserted a quill until the proper tube could be sent for. Immediately after the operation the breathing became easier, and continued so for six hours, when he sank, apparently from the shock of the dyspnœa, which had occurred before the trachea had been opened.

On making the autopsy to-day nothing was found in the larynx that could be regarded as an important disease. There was no effusion, no ulceration, but the vocal cords appeared to be somewhat strained.

Over the trachea, however, the aneurism here presented was found, and over the aneurism the branches of the recurrent nerve going to the larynx could be traced. It seemed, then, as if the whole disease was a chronic spasm of the larynx, producing such a condition that the air was not allowed to pass through the aperture of the glottis, causing suffocation, for which the trachea was opened.

The aneurism is in a somewhat rare position, being situated on the inferior curve of the artery. The branches are given off from the arch as usual. There would have been no difficulty of making a diagnosis in this case, if we had only been able to get the patient in such a position that we might examine the heart. There is very little doubt that this aneurism would have produced both the thrill and dullness. Not thinking, however, of aneurism, no attention was called to it.

Dr. Clark remarked, that this was the second case of the kind that had fallen under his notice, where aneurism had been overlooked, and its symptoms ascribed to other causes.

Dr. Foster related a somewhat similar case.

Dr. Markoe remarked, that he performed the operation of tracheotomy in cases where it was known that the dyspnœa resulted from aneurism, because it relieved those symptoms of difficulty of breathing produced by the pressure of the tumor.

Dr. W. Parker observed, that in these cases the patients do not bear to be placed in a straight position, but most always incline the head and neck forward.

Neuromatous Tumor.—Dr. Parker presented a tumor removed a few days since from the arm of a young man by Dr. Briddon. It appeared to be a neuromatous tumor. It was situated on the inside of the upper arm of the right side. From the symptoms produced it was supposed to be connected with the ulnar nerve. It is about three inches long, and of variable thickness. The nerve passed to it above, and from it below. When the tumor was pressed upon, pain was felt in the little fingers, and the inner half of the ring-finger. The tumor was of rather slow growth, it being about seven years since it was first noticed. On microscopical examination, Dr. W. H. Draper found it to be of the structure peculiar to these tumors, described by Dr. Smith in his work on tumors.

Tumor of Lower Jaw.—Dr. Parker presented another tumor, removed from the under jaw of a man about 38 years of age, some few days ago. The patient was a farmer, of good constitution, with no hereditary tendency. When first discovered, the tumor was on the under jaw, and did not appear to have any connection with the teeth, but seemed to spring from just below the teeth. After a time the teeth became loose, and some of the cuspidati were removed. The tumor then began to press outward, and involved all the alveolar margin of the outer surface of the under jaw. The patient, however, was able to bring the molar teeth together, and masticate tolerably well. In the removal of this tumor the rule was followed which should be observed in all these cases, to remove the diseased mass entirely, but leave as much as possible of the jaw. The tumor belongs to the epithelio-fibroid structure.

Phosphor-Necrosis.—Dr. Markoe presented two

specimens removed from the same patient, illustrating phosphor-necrosis of the jaw, a disease which was now attracting a great deel of attention, and the pathological anatomy of which differed in a considerable number of points from that of necrosis, occurring under ordinary circumstances. While under other circumstances necrosis produces suppuration on the outside, the separation of the dead bone and the formation of an involucrum, here a totally different circumstance occurs. Instead of the separation of a sequestrum, we find the surrounding parts secreting bone immediately around the dead portion. The dead bone becomes incrusted with a pumice-stone-like material, which adheres very firmly to the bone, so much so that it can hardly be separated from it. These two specimens illustrate very beautifully this variety of disease. They were taken from a man who laborcd in a match factory. He had a tooth extracted, and at that point the mischief commenced. At the end of five months he was subjected to an operation, and a portion of the jaw removed. The wound healed up, and shortly afterward he went back to the factory. The disease then attacked the other side of the jaw, and this was removed, and also a portion of the upper jaw.

The unfortunate feature of these cases is, that this pumice-stone exudation represents a reparative attempt, or rather it represents what would be accomplished, if the dead bone were taken away. In that case the periosteum would secrete new bone, which would replace the old bone. But when this pumice-stone exudation takes place, there is no reproduction of the bone. In this case, it is now eighteen months since the operation, and there is no formation of new bone tissue. The upper jaw appeared to be simply necrosed. There was none of this exudation, or at least so little, that it was not noticed.

The patient is doing well, and although both halves of the lower jaw and one side of the upper jaw have been removed, his face is very shapely.

DR. SAYER inquired whether the rule was a general one, that in these cases of removal of the jaw for phosphor-necrosis, no attempts at new bony formation took place afterward. He thought quite the contrary was the case, and remarked that Dr. Wood, who had perhaps more experience on this subject than any other man in this country, in one case removed both upper jaws, when the bones grew in again, and the patient had placed upon them a set of artificial teeth. He would defy any one to detect that the jaws had been removed in that patient, so complete was the deception. He hoped that Dr. Wood would favor the Society with some remarks on this subject.

DR. WOOD did not desire the Society to go into a discussion of this matter now. He would, however, on some future evening, bring some beautiful specimens, showing perfect reparation in cases where the bone had been destroyed by phosphorus. He would suggest that Drs. Markoe and Parker also bring their specimens, and then the Society could go into a general discussion of the subject.

Complicated Fracture.—DR. SAYER presented the leg and foot of a man 38 years of age, of rather delicate and feeble constitution. Five years ago he suffered from an attack of fever, since which time he had been in very feeble health. On the 28th of September last, he received a fracture of the fibula, about three inches above the ankle joint. It was supposed at the time to be a simple fracture, and was so treated, there being not much contusion at the seat of the fracture. Forty-eight hours after the accident an abscess formed about the seat of the injury, and the patient was seized with typhoid symptoms. It was deemed proper to remove the limb.

On examination of the leg after amputation, it was found that the ankle joint was nearly destroyed. The fracture of the fibula was not simple, as was supposed, but the lower fragment was the seat of a fissure, which penetrated into the joint. The fracture then was a complicated one, communicating with the joint. The question arose whether in this case the result would not have been better, had exsection of the lower fragment of the fibula been performed, by which a chance would have been given for the exit of matter.

Disease of Elbow-Joint—Resection.—DR. WOOD presented the bones composing the elbow-joint, which were exsected, a short time since, from a man about thirty years of age. He stated that a year previous he had suffered considerably from inflammation about the joint. This continued until what is called white swelling, or *fungus articuli*, occurred. His general health suffered so much that he finally concluded to submit to an operation. He was therefore sent to the hospital, and the operation of resection performed, and the whole of the joint completely removed. The wound was dressed in the usual way, and the patient is now doing well. This is the fourth time that Dr. Wood has performed the operation. Two of the cases occurred in hospital practice, one of which was followed by amputation. The other two occurred in private practice, and were followed by good results, the patients having a very fair amount of motion—rotation nearly as well as before the operation.

In all these operations Dr. W. has removed only the condyles of the humerus, with the upper portions of the ulna and radius. In performing the operation, Dr. Wood cuts directly through the olecranon,

so as to fairly open into the joint, and removes the ulna in two pieces. This renders the operation much more easy than by dividing the triceps above its insertion in the olecranon. In performing the operation in this way, Dr. W. has exposed the ulnar nerve in but one instance. The fibrous tissue and periosteum is then fairly cleaned from the bone, and in this way the nerve can be avoided.

Dr. Sayer remarked that in performing the operation in this way a much better chance was given for future reparation of the joint than by the ordinary procedure.

After a protracted discussion on neuralgia in connection with neuromatous tumors, the society went into executive session.

EDITORIAL DEPARTMENT.

Periscope.

Introduction of Tannin within the Uterus is accomplished by means of crayons formed of tannin on gum tragacanth, one sixth of an inch in diameter, and an inch long. They are passed, by means of forceps and speculum, through the os uteri into the cavity of the uterus, in which they are kept by means of charpie, moistened with a concentrated solution of tannin. The crayon slowly softens and dissolves, when it is replaced by another. M. Becquerel recommends this treatment in hæmorrhage and diseases of the mucous lining of the womb.

Painful Stumps.—There is a popular error prevailing amongst many members of our profession, to the effect that, in painful stumps of amputated limbs, the pain depends upon the bulbous enlargement of the ends of the divided nerves. That this is not the cause of the uneasiness, however, any one may satisfy himself by dissecting old stumps of individuals who have died of other diseases, and who have never complained of any inconveniece during life, at the seat of amputation. A dissection will show the ends of the nerves to be thickened and dilated into the form of a bulb, this condition depending on the development of areolar or fibro-cellular tissue between the minute nervous fibrillæ. It is a natural process, and is no doubt intended to subserve some useful purpose in the economy. When a stump is painful, however, it is mostly so in consequence of an adhesion between these little oval and rounded tumors and the cicatrix itself, and thus they become subject to direct pressure, which keeps up irritation and pain.—*Lancet.*

Nomenclature of Insanity.—The nomenclature formerly applied to insanity, and to establishments for its treatment, and unfortunately not yet entirely given up, is far behind the age, and has done more harm in influencing men's minds in reference to both, than is generally supposed. In the days when cells and keepers were spoken of, the natural inference was that they belonged to prisons, for these are prison terms. Even now, it occasionally happens that such terms are heard from individuals who, themselves, often occupy smaller apartments, more inconveniently located, more poorly warmed, ventilated and lighted, and not better furnished, and yet who would seem greatly surprised if asked whether they had comfortable "cells," in the fourth or fifth story of their hotel or boarding-house. There is no reason for thus designating the better of two chambers, that would not apply to the poorer of the two, nor should a nurse and companion of an insane person be styled a keeper any more than if having the care of a case of ordinary sickness. So of the institutions themselves; if they are for the treatment of disease, they should be called hospitals—a title which is not likely to be mistaken, and which of itself indicates why patients are sent to them. All the other names which originated many years ago, and were intended to banish what was much more exceptionable, came from the best of motives, but were unfortunate as tending to give wrong impressions of the character of the malady. None of those who are now connected with these institutions, probably, have had anything to do with naming them, nor are they in any way responsible for these errors. This institution having at its commencement been as far wrong in reference to a title as any other, and having made the change, I have no hesitation in speaking of the good results which have followed. The early drawings for this building will show that it was first styled the "Lunatic Asylum of the Pennsylvania Hospital," but before it was opened, the name was very properly changed to that which it now has, the "Pennsylvania Hospital for the Insane." The State institution at Harrisburg also modified its title for the better, but it only did one-half the work. Originally named, in the law establishing it, "The Pennsylvania State Lunatic Hospital and Union Asylum for the Insane," it dispensed with the latter part of its very awkward

title, but unfortunately retained the term "lunatic," which, of all others, is the most obnoxious to patients, and one of the most unfortunate and irrational that can be applied to such establishments or to a case of insanity. The simple derivation of the word lunatic, or the definition of it given by one of our best medical dictionaries, "moonstruck," shows that it has nothing to do with insanity, and ought not to be employed in connection with that disease. It is quite true, that even in many of the modern writings on this subject, the terms hospital and asylum, insanity and lunacy, the insane and lunatics, are so mingled as to confuse many non-professional readers, who are liable to suppose that different kinds of institutions and forms of disease are referred to. "Asylums" or "Retreats," places of refuge or security, are not provided for the treatment of fever, or rheumatism or other diseases, nor should the institutions for the treatment of insanity be so called. The abandonment of these objectionable terms by all connected with our hospitals for the insane, would soon lead to their being dropped in ordinary conversation, and in a little time a more appropriate nomenclature could hardly fail to take their place.

Auscultation of the Head.—M. Roger, a hospital physician of Paris, has of late been in the habit of ausculting the head, especially of children. In chronic hydrocephalus he has discovered a cephalic souffle, which is, however, absent in meningitis and convulsions. The practical result of M. Roger's investigations is, that the auscultation of the head may reveal alterations of the blood, and that the *bruit de diable* heard in the carotids, in cases of chlorosis, is heard as well and more easily by applying the stethoscope to the head.—*Lancet.*

Abscess of the Medullary Canal in nineteen cases observed by M. Brosa, fourteen occurred in the tibia. The suffering, which is intense and long continued, is readily relieved by the trephine. One of the cases thus operated on successfully by this surgeon, was in the medullary canal of the humerus.

The Empirical Treatment of Phthisis.—The *Lancet* says: Dr. Watson remarks, with great propriety, in his excellent lectures, that the more intractable the disease the greater the number of remedies proposed. No one is surprised at the various modes of treating tuberculosis, which have been extolled, for it is quite natural that new weapons should be sought against an enemy who proves invulnerable by the old ones. But we protest against unnecessarily teazing and tormenting the unfortunate individuals whose lungs are being destroyed by tuberculous deposits, and whose organism is wasting under the effects of the local mischief and morbid diathesis. M. Beau, physician to the Paris Charité Hospital, for instance, proposes, and has practiced the following method: "Give carbonate of lead in phthisis, because painters hardly ever suffer from the disease; and substitute one cachexia for the other." Then we have a paper addressed by M. Aussandon to the Academy of Medicine of Paris, "on the treatment of pulmonary consumption." The author, who has noticed that bakers, and generally those who sleep in the day and watch at night, bear the symptoms of the latter stages of phthisis better than others, straightway advises to keep consumptive patients awake at night and send them to bed in the day time!

Warren's Hæmostatic.—A correspondent requests us to publish the formula for Warren's Hæmostatic—or, *styptic balsam*, as it is very improperly called. This preparation has been highly recommended in hæmoptysis, hæmatenesis, epistaxis, and meuorrhagia.

It is said to act by its sedative power in diminishing the force of the circulation, and by its astringent qualities in contact with the bleeding vessels.

The formula, and its mode of preparation, is as follows:

℞. Acid. sulph. (*by weight*) ʒv.
Ol. Terebinth,
Sp. vini rect. aa f. ℥ij.

Place the acid in a Wedgewood mortar, and the turpentine slowly, stirring it constantly with the pestle; then add the alcohol in the same manner, and continue stirring it until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper.

It should be prepared from the *purest* materials, and when done, it should exhibit a dark, but clear red color, like dark blood; but if it be a pale, dirty red, it will be unfit for use. The dose is 40 drops, and the method of using it as follows:

Put a teaspoonful of brown sugar in a common sized tea cup, and rub in 40 drops of the preparation until it is thoroughly incorporated, and then slowly stir in water until the cup is

nearly full, when it should be immediately swallowed. This dose may be repeated at intervals of an hour, until three or four doses are taken, if necessary, and its use should be discontinued, when fresh blood ceases to flow.

After standing a few days, a pellicle forms upon the surface, which should be broken, and the liquid below it used. It does not deteriorate by age, if tightly stopped.

Case of Abdominal Tumor which very suddenly disappeared.—Dr. Walter Channing, of Boston, reports, in the *Medical and Surgical Journal* of that city, the following case:

Mrs. —— gave the following account of her case: Age, 32; for ten years, occupation strictly sedentary, often requiring protracted attention at night; health sensibly impaired; very severe dysmenorrhœa and dysuria; and frequent "bilious attacks," so called. The symptoms of these last were vomiting, purging, and intense colicky pains. The dysuria and colic probably produced by neglected bladder and bowels. Was married two years before I saw her, and was at once relieved from her arduous duties. Has not been pregnant, nor freed from her old complaints. Latterly, has been in constant attendance on a sick member of her new family, which has involved great fatigue and anxiety. Catamenia has continued regular, and at a period a few weeks before I was called, was very profuse, but as painful as ever. The cause of my being called was the discovery of a large, firm tumor in the abdomen, and some new troubles. The principal of these were a very distressing sense of fulness in the abdomen, difficulty in walking, especially up and down stairs, and in rising from a chair, or the bed. To do this, she was obliged to use her arms as levers, her hands firmly seizing and pressing the chair, or bed, and so enabling her to raise herself.

"Examination discovered a large, solid tumor, extending from the umbilicus to the symphysis, broadly occupying the corresponding lateral regions of the abdomen, making the central protrusion less than might have been looked for. The circumference at the highest point was thrity-six inches. *Per Vaginam*, the pelvis was more than half filled with a firm, rounded tumor, continuous with that in the abdomen, the os uteri looking toward the sacrum, the cervex being lost in the general intumescence. The sphincter of the vagina was much contracted, and the whole of the vagina, from its beginning, and as far as examined, so exquisitely tender as to make the examination painful to the last degree. What was this tumor? An attempt was made at a subsequent visit to introduce the sound, but such was the direction and firmness of the os uteri that I could but just enter it. The tumor was so fixed in the pelvis that it resisted such effort as was made to change its place, and to bring the os within reach. Again, what was this tumor? I have purposely called it abdominal, for though clearly to my mind uterine, I would not give it any distinctive name.

"Sept. 3d, 1859.—Treatment—tinct. iodin. to addomen over the tumor, once daily. Aqua calcis muriat. thrice a day. My compound belladonna ointment to pelvic extension of the tumor, *per vaginam*, once a day.

"At the end of a fortnight, tumor, by admeasurement, decidedly diminished. Tenderness of vagina less. Tumor in pelvis and dysuria less. Can rise from chair, and walk, with comparative ease.

"At the end of the month, Oct. 3d, tumor no longer felt. Os uteri in place. Cervix natural. Dysuria gone. No complaint.

"Mrs. —— is a lady of excellent mind and culture. Her occupation made it essential for her to study much, and many things. She could give an accurate account of her feelings and symptoms, and especially of such changes as were occurring in her disease, and of her entire recovery. She was not imaginative, or a fancier of tumors, but in a simple, quiet manner described her case—the relief and the recovery.

"In Mrs. ——'s case there was not any vaginal discharge, nor increased secretion in any other organ during treatment. Changes occurred very rapidly, but without any other occurrences than have been reported—relief of very distressing symptpms, and, was said recovery."

Influence of the Different Kinds of Food on the Teeth, by Dr. Richardson.—*Dental Review*, London. (*Dental Cosmos.*)—In perfect health, the acid foods ordinarily taken in the diet are counteracted by rapid removal and rapid neutralization; but in many states of disordered health the salival secretion loses its alkaline protective power, and even assumes an acid reaction, so marked as to be distinguishable to litmus. The same acidity occasionally, I believe, attends the secretion of the buccal glands, or the mucous fluid which is secreted from the solitary glands in the mouth.

I have myself known the saliva thus acidified in various diseases of the dyspeptic type. In those instances where little ulcerous points appear in the mucous membrane, the salival has often a marked and prolonged acid reaction.

In dyspepsin, accompanied with a great increase of fat in the body, there is frequent acidity. In the aphthous rash of children there is frequent, if not constant acidity, and so on. Some authors have gone so far as to show that certain special diseases are attended by certain special acid secretions. It is unnecessary for us to enter into these minutiæ; suffice it to know that an acid condition may exist, and that so markedly, that the patient shall himself know of it by the sensation of acidity, and the litmus-paper tell of it by turning red.

Now, when this condition of saliva is present, there is as a consequence an active agent constantly at work on the teeth; while whatever acid foods are taken, or whatever foods are taken which in the mouth produce acid by retention and decomposition, have at once an unlimited play, and must and will effect the teeth by direct chemical action.

* * * * * *

The influence of putrefying animal matters on the teeth has been differently estimated. It has been urged against the idea that putrefying portions of food are a cause of decay, that a tooth removed from the body may be buried in putrefying animal or vegetable matter, and undergo no change after the lapse of months. A better argument in favor of this objection would be, that in the dissolution of putrefaction which follows death, the teeth take no share; that in the closed vault or grave, themselves enveloped in all the compounds of decomposition, the teeth remain, and are to be found when the softer parts have been removed in their entirety.

Regarding the special effects of sugars on the teeth, I must express that, in so far as my observations go, they tend all to confirm the common idea that injury follows their frequent indulgence. Such injury is rather the result of a retention of the saccharine matter, and subsequent generation of acid, than the effect of the sugar itself. Curiously enough, that sweet which pleases children most it that which combines acidity with sweetness. The sweetmeat of this nature is crunched between the teeth, the saliva is saturated with it, the said saliva is retained in the mouth a considerable period, and the teeth, meantime, are exposed to the action of a chemical solvent.

The effects of hot drinks upon the teerh have been considered by many writers as of an injurious tendency, and as exciting to caries. In the instance of a perfect tooth this theory is open to grave doubt; but it is to be admitted that in instances where the teeth are, by chemical or physical accident, injured, hot fluids are the most possible excitants of internal inflammation. In this indirect manner, caries already on its way may be much accelerated; the inner portions of the dental structure giving way, and their support, physical and nutritive, being withdrawn.

The influence of stimulants on the teeth may be viewed as direct or indirect. Directly, the effect of a stimulant, such as brandy, may be considered as not different from that of heated water. If the tooth is sound, the stimulant passes over it harmless; if the tooth is diseased and the dentine is exposed, the stimulant, acting as an excitant, will produce all the results of an excitant, with sequential inflammation, and the consequences incident to that process.

Indirectly, the influence exerted by the immoderate use of stimulents is more serious. The stimulant leads to dyspepsia, to the gouty diathesis, and to renal disease; from which constitutional maladies the teeth are variously affected—as by caries, the result of acid salival secretion, or odontalgia, the result of the gout poison.

The effects of saline foods on the teeth deserve a few moments' notice. We must here seek for evidence from those who have been engaged in the superintendence of men long kept on salt diet. On this evidence, notwithstanding some facts which have yet to be given respecting the teeth of seafaring men, it must be concluded that the gums, rather than the teeth, are affected by the salted diet; and that in the midst of the most dire symptoms of scurvy arising from salted food, the teeth stand out untouched, or even fall out, without indicating that their hard tissue has undergone destruction.

To conclude, on the subject of diet and its effects, the facts will be gathered, that, as regards the influence of dietary on the teeth, the carniverous dict-roll is much less injurious than the herbivorous; a fact which is borne out by the observation of the teeth of different classes of animals, the herbivorous having teeth very prone to decay, the carniverous having teeth in which decay is rarely, if ever, presented.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 10, 1859.

DOMESTIC MEDICINES.

One of the strongest elements in the success of quackery, is the popular demand for remedies for the, so regarded, simple, every day complaints, for which it is hardly thought worth while to go to the trouble, and particularly the expense, of seeking the advice of a physician. This, at the best, is poor economy, but the public are not yet ready to be convinced that it is. Quack preparations are often procured for family use, not so much because of any particular reliance on the pretensions of their proprietors, as because the purchaser does not know of any more reliable medicine to meet his supposed wants.

The demand for domestic medicines is very great, as any one can see who will examine the warerooms of the wholesale druggist, the shelves of the apothecary, or the medicine corner of every country store. And it is not only professed quacks who are engaged in supplying this popular demand for medicines, but every apothecary has his favorite preparations, which he recommends to his customers as adapted to their wants.

Now, by these methods of supplying the popular demand for medicines, there is no doubt that an immense amount of vile trash is palmed off upon the community, much to the detriment of the public health, while to the extensive manufacturers, the profits are sufficient to enable them to amass independent fortunes.

In this view of the case, the medical profession, as conservators of the public health, should step in, and endeavor to adopt some plan by which this popular demand, which cannot in the present state of public feeling be controlled, shall be supplied with good, reliable preparations, as much so as any of the officinal preparations of our Pharmacopœia.

Our National Convention for the purpose of revising the U. S. Pharmacopœia is composed of some of the first physicians and apothecaries of the country. This learned body meets at Washington city next spring, and it would be very proper for them to take into consideration this subject of supplying the wants—be they real or fancied—of the people, for family medicines. Let the convention adopt and make officinal, a series of formulæ, calculated to meet the popular wants for ordinary ailments, such, for instance, as cathartic, anti-bilious, or tonic pills, cough mixtures, liniments, ointments, etc. By making good recipes of these and other classes of medicines officinal, a uniform and reliable series of medicines would be supplied to the public, and, if we mistake not, the severest blow that could possibly be devised, be struck at the root of quackery. These preparations should be put up in uniform style, with directions for use, and issued under the sanction of the convention, as representatives of the profession.

Several years ago, we advocated such a plan as the foregoing for supplying the public with reliable domestic medicinal preparations, and the suggestions were very favorably received, and we again call the attention of the profession to it.

A New Medical Journal.—Our old friend, Dr. N. S. Davis, has had the temerity, in face of the "crisis" in the West, to issue the first number of a new medical journal—"*The Chicago Medical Examiner.*" He has associated with him, as co-editor, Dr. E. A. Steele. We learn, from the salutatory, that there has been ground for complaint on the part of the friends of the Medical Department of Lind University, that the claims of that institution have not been fairly presented in the pages of the "*Chicago Medical Journal,*" and it is due to truth, to say, that such an impression has been made on our own mind by perusing the pages of the last named journal.

If an independent party would "extinguish the titles" of both those journals, and ignore both the schools, as far as any special support of either is concerned, it would be much better for the profession of the North-west. We

notice that the "*Examiner*" proposes to deal fairly by the other medical school and journal, but as its editors are connected with the rival school, it will be but human for it to have a bias in that direction. We trust that the samples of prescription-writing on pages 57 and 58, are not fair specimens of the instruction in that department in the University. Such a mixing up of Latin, English, and unofficinal and obsolete terms, made us groan—not "in spirit," but audibly. Aside from this, the initial number of this journal makes a very good appearance. We trust that the *Examiner* will give its readers short, practical articles, and a greater variety than is given in many of our medical journals.

We bespeak for it the consideration of the profession.

☞ J. B. Lippincott & Co., of this city, have in press a work by John Stainback Wilson, M. D., of Columbus, Ga., entitled the "Woman's Book of Health." Dr. Wilson is favorably known as a hygienist and medical writer, and we anticipate a useful work from his pen.

News and Miscellany.

Ventilation.—Mr. Tite, an English architect, says: "So far as I have observed, all artificial systems of ventilation are a failure. Whether you have to ventilate a large room or a House of Parliament, the best way is to open a window."

The thorough ventilation of a room may certainly be very effectively accomplished by opening the windows, but as the comfort and health of the accupants are at the same time to be considered, the improved systems have a decided advantage.

Extreme Variations in Temperature.—The English climate has, during the present year, experienced the most unprecedented vicissitudes. This was remarkable in the month of October, on the 4th day of which the heat was such that the records of the past forty years afford no parallel, while the cold on the 24th of the month has been unequaled during the same period, except in 1836. The mean temperature of the month of July was higher than had ever, in any month of any year, been recorded.

These extreme variations have been supposed to have been connected with the prevalence of the solar spots, which have attracted so much attention of late, and also with the accompanying phenomenon of the aurora borealis.

Prize Essay.—The *Societé Medico-Pratique de Paris* offers a prize of five hundred francs for the best essay on Eczema, its history, etiology and treatment; the latter to be supported by numerous and well observed cases. The essay is required to be in Latin or French.

The Scarcity of Anatomical Material in London is becoming, it is said, a matter of serious complaint, and an impediment to practical instruction. In the City of Philadelphia, notwithstanding the immense and unprecedented number now present—a number, perhaps, scarcely less than are now in London—there is an abundant supply of the material so essential to anatomical pursuits.

Sir John Forbes has retired from practice, and presented his library to his *alma mater*, Marischal College, Aberdeen. The *Med. Times and Gazette* says: "We express, very feebly, the sincere wish of all Sir John's friends, and of the profession to which he has been so long a shining light, when uttering the heartfelt hope that he may pass many and useful years in the honorable retirement he has earned so well."

American Quacks in England.—A fellow who styled himself Doctor Airey, M. R. C. S. and M. R. C. P., thus implying that he was registered under the medical act, has been fined and imprisoned in England for the imposture. The defence was, that he was a graduate of two colleges in New York, a Member of the Reformed College of Surgeons, and of the Reformed College of Physicians, and, therefore, that the title of doctor, with the initials, M. R. C. S. and M. R. C. P., which he had assumed, were strictly conformable with truth and with his diplomas from those colleges.

The Desecration of Harvey's Remains.—Dr. Vinen, in a late address before the Harveian Society, stated, in allusion to the neglected state of the tomb of the illustrious Harvey, that in the presence of visitors, "his coffin is shaken up to prove, by the rattle of its contents, the genuineness of the exhibition."

The Cause of the Destruction of the Franklin Expedition.—The *Lancet* says, at the last meeting of the Geographical Society, one of Captain McClintock's companions stated that he believed that Sir John Franklin's crew finally perished in consequence of the defective preserved meats supplied to the expedition.

The Medical Department of Lind University, at Chicago, whose plan of instruction embraces two distinct courses of medical instruction, has begun its first course with twenty-six students—fourteen in the Junior, and twelve in the Senior Departments.

Dr. Wm. P. Seymour, of Troy, N. Y., has recently been elected to the chair of Materia Medica and Therapeutics in the Medical Institute. Dr. S. fills the same chair in the Medical Institution at Castleton, Vermont.

We learn, from the *British Whig*, published at Kingston, Canada West, that the sixth session of the Medical Department of the University of Queen's College was commenced on Monday, November 7th, on which occasion Dr. Fowler delivered a general introductory lecture in the new College Building, and was followed by Professors Yates, Lawson, Stewart, and Dickson, who delivered special introductory lectures in their various departments. On Thursday, November 10th, notwithstanding the unfavorable state of the weather, a class of seventy or eighty students assembled in Dr. Yates' lecture room, when Dr. Litchfield's introductory lecture of his course was delivered.

An Abbatoir, such as exists in the vicinity of Paris, is proposed to be established adjoining one of the large drove-yards in the suburbs of Philadelphia. Instead of driving cattle through the densely populated portions of the city to private slaughter houses, which is attended with inconvenience and danger, they can be slaughtered and dressed, and brought, during the night, to the shambles. There would be some hygienic advantage in removing many nuisances which necessarily attend the slaughtering of animals in various localities, as it is now done, and greater economy, and the useful preservation of the offal, could be better effected, if the work of the butchers were confined to one locality.

The Greater Enervating Influence of Excessive Mental Labor over Physical Exposure is illustrated by the remark of Dr. Francis, in his recent lecture before the Kane Monument Association, that "the severe application and close confinement to which Dr. Kane subjected himself, after his last return voyage, in order to prepare for the press, within a limited

period, his classical volumes, wrought more injury to his delicate frame than he sustained in encountering the hardships of navigation."

The Cincinnati Medical News, which has been published in the form of a monthly newspaper, isto assume the pamphlet form with its January issue.

Dr. Byrd, editor of the Oglethorpe Medical and Surgical Journal, published at Savannah, Ga., recommends that physicians drop the title of *doctor*, or adopt some peculiarity in dress, to distinguish them from the D. D.'s, LL. D.'s, and D. D. S.'s, who are found in every village and town in the United States. A friend at his elbow suggests the adoption of the custom of *wearing the beard long.*

Dr. Doremus, of New York, is stated to have received $3,000 for his chemical analysis of the two bodies in the Stephens case, besides $800 for new apparatus.

Who is Prof. Webster? The *London Lancet* copies the following, which appears as an article of *news* in a London paper: "Our nervous readers, whose troubles may be traced to indigestion, would do well to enclose a directed envelope to the Secretary of the Medical Reform Society, at Nottingham, who will send, post free, the new and eminently successful remedy discovered by Prof. Webster (!) of Philadelphia. No fee, or gratuity, under any circumstances, accepted, and it is not requisite that poor applicants should enclose a stamp."

Anecdote of Sir Charles Bell.—In a Life of this eminent surgeon, recently published in Paris, by Dr. Amedée Pichot, the following anecdote of the recognition of his merits by the famous French Professor Roux, occurs:

As Roux was lecturing to his students, Bell, desirous of listening to his mode of imparting instruction, entered the room. The Parisian recognized him, and was dumb. He closed his note book, and then turning to his students, as he pointed out the distinguished foreigner, he exclaimed—"Enough, gentlemen; enough for this day—you have the honor of seeing Charles Bell!"

Quackery is much more rich in expedients in Great Britain than in this country. One reason probably is, the protection given by law to the medical profession.

We copy the following blasphemous advertisement from the Nashville Journal of Medicine, which takes it from a recent English religious periodical.

"Important to those of the Lord's ministers who are suffering from a variety of diseases. G. Seaborn, Baptist Minister and Medical Botanist, most respectfully informs the Saints of God, that he has been made a blessing to hundreds, both in reference to soul and body. Any person suffering from any disorder, may address a letter to him, stating the symptoms of their disease, the time they have been suffering, and by enclosing six postage stamps, he will send advice and a medical recipe. (G. S. is evidently not a grammatical scholar, despite his other accomplishments.) G. S. has recourse to God in prayer before sending out any medicine or recipe. If help is to be obtained in any case, he engages speedy relief—especially in rheumatism, liver and bowel complaints. Direct to G. Seaborn, opposite the Prince of Wales, Magdalene street, Colchester, Essex. The works of William Huntington sent free on receipt of fourteen postage stamps each volume, of G. S. as above. Books of every description, new and second-hand. G. S. is open to supply any destitute church of strict Baptist principles."

All men of genius, according to M. Morceau, are men in different stages of madness; genius is a neurosis.

Philadelphia County Medical Society.—The subject for discussion at the next meeting on Wednesday next, the 14th inst., will be Hernia.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Illinois*, Dr. Wm. McKnight, with encl.)—*Kentucky*, Dr. C. H. Spillman—*Louisiana*, Dr. E. G. Elmer—*Maryland*, Dr. W. S. Forwood, (with encl.,) Dr. Jas. McMasters, U. S. N.. (with encl.)—*New Jersey*, Dr. C. Strickland, Mr. H. Sheppard—*New York*, Dr. Louis Bauer, "Gotham," Dr. W. G. Meacham, (with encl.,) Dr. Chas. G. Bacon, Dr. John Swinburne, Dr. Ch. F. J. Lehlbach—*North Carolina*, Dr. John H. Williamson—*Ohio*, Dr. E. R. Bell—*Pennsylvania*, Dr. E. Keely, Dr. B. D. F. Baird, "Junior's Friend," (with encl.,) Dr. A. G. Walter, Dr. W. W. Wick, Dr. S. H. Harry, (with encl)—*South Carolina*, Dr. Geo. Caulier—*Virginia*, Dr. Thos. E. Shans, Dr. P. M. Cline, (with encl.)

Office Payments.—Dr. Filbert, Dr. D. S. Glouinger, Dr. W. H. Freeman, Dr. G. R. Morehouse, Dr. Geo. F. Fort, Mr. T. C. Neil.

BOOKS AND PAMPHLETS RECEIVED.—Gerhard on the Chest, a new edition, from the publishers; Description of a Deformed Fragmentary Skull, etc., by J. Aitken Meigs, M. D.; An Essay on Intermittent and Bilious Remittent Fevers, with their Pathological Relation to Ozone, by E. S. Gaillard, M. D.; Sixth Registration Report of Rhode Island, and Fifth Registration Report of South Carolina. *The above works are reserved for more extended notice.*

Dr. E., Marksville, La., relates a case of iodism, accompanied by complete paraplegia. "The patient, a negro, to whom Lugol's solution had been administered to remove or modify some symptoms that seemed to have their origin in the scrofulous diathesis, became afflicted, after taking but a few doses, with complete inability to move the lower limbs." Dr. E. asks whether iodine, taken in excessive doses, ever produces paralysis. Iodine, like some other medicines, produces in some cases anomalous effects. We do not recollect ever to have heard or read of its producing paralysis, nor should we be disposed, in the case detailed, to attribute the paralysis to the action of the iodine. We should be prepared to expect almost any lesion in a scrofulous negro, and presume that in the case in question there was a lesion of a scrofulous or tuberculous naturs, involving the spinal cord or its surroundings. In one case of a negro child, who died of tubercular meningitis, we found, on post-mortem examination, that the lungs, liver, *and spleen*, were studded with tubercles.

"*Student.*"—We expect soon to give a little more space to Clinical Reports. They shall continue to occupy a due proportion of our space.

Dr. H., Broome Co, N. Y.—We do not know whether the N. Y. Medical Press is still published. Not having seen a copy for many weeks, we are led to suspect that it has "died and made no sign."

Dr. W., Gordon Co., Geo.—For Warren's Hæmostatic, see Peri. scope in this number.

Dr. B., Ohio.—The best way to mask the taste of sulphate of iron, if given in solution, is to exhibit in a syrupy or gummy vehicle. But a better way is to use the *dried* sulphate of iron in the form of pill, bearing in mind that the dose will be proportionally smaller after the water of crystallization is driven off.

DEATHS.

HEGEMAN—At Manningsville, Kanawha co., Va., after a short illness, Adrian Hegeman, M. D., formerly of New York, in the 41st year of his age.

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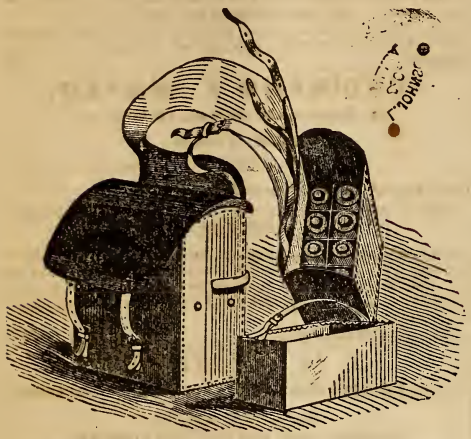

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	8	½	oz.	"	"	7 50

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No. 4, containing	24	1	oz.	Ground Stop. Bottles,	$10 50
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" "	1		Mortar,	"	"	$19 00
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" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$15 50
No. 3, containing	18	1	oz.	Ground Stop.	Bottles,	
" "	10	½	oz.	"	" and	
" "	4		Pots,	"	"	$12 00
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" "	2		Pots,	"	"	$8 50
No. 5, containing	15	1	oz.	Ground Stop.	Bottles,	$6 50

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" "	18	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$20 00
No. 2, containing	7	1	1½	oz.	Ground Stop.	Bottles,
" "	14	1	oz.	"	"	
" "	14	½	or.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$16 50
No. 3, containing	14	1	oz.	Ground Stop.	Bottles,	
" "	14	1½	oz.	"	" and	
" "	4		Pots,	"	"	$13 00

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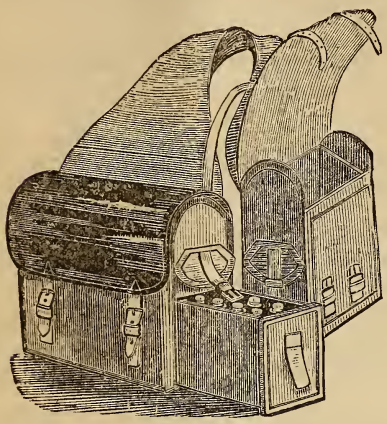

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A. " 10,	cont. 20 1 oz. Fluted Vials,	7 75

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Ext. " 11, "	20 1 oz. " " with pockets,	10 25
A. " 11, "	24 1 oz. Fluted Prescription Vials,	8 75
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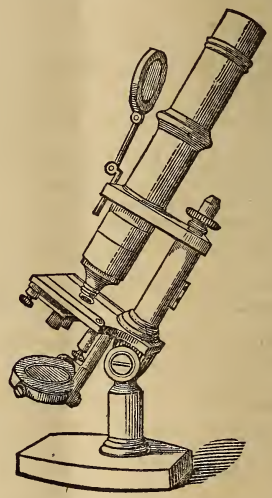

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 165. PHILADELPHIA, DECEMBER 17, 1859. NEW SERIES VOL. III. NO. 12

ORIGINAL DEPARTMENT.

Communications.

Case of Abortion.

By Dr. W. Johnson,

Of White House, N. J.

Dec. 3, 1859, I was called in haste about 5 o'clock last evening to the wife of W. V. She is about 30 years of age, and the mother of four children. I found her flooding most profusely. Upon inquiry, she informed me that she was enciente about three months. I immediately requested an examination per vaginam. As I was about introducing my finger for this purpose, a prodigious discharge of blood took place; as if the vis a tergo of fluid blood had broken through the coagulum which was damming up the vagina. I am accustomed to encountering large discharges of blood, but this was most appalling. I passed my finger however on to the os uteri. Here I found the produce of conception engaged; but I could not disengage and bring it away without endangering its being ruptured. I preferred letting it alone for the present, and trusting awhile to the tampon, in the belief that the contractions of the uterus would bring the mass into the vagina, from whence it could very readily be removed. I tore up three or four long strips of old muslin of the width of my hand, and passing up one after another with my fingers I completely filled up the vagina. The hemorrhage was now entirely restrained. The patient had fainted, but was come out of this condition. I had cloths dipped in cold vinegar and applied over the abdomen, and directed them to be removed as soon as they became warm, and re-applied cold. I gave her 15 grs. of pulverized ergot with 3 grs. of plumbi ascetas, and directed half this quantity of the ergot, and the three grs. of p. ascet. to be given every half hour, until she was again seen. My son, Dr. J. V. Johnson, saw her again in the evening, and left her at 9 o'clock doing well. He directed the continuance of the medicines a couple of hours longer.

I saw the patient again early in the morning, and found her doing well. Perhaps not more than an ounce of blood had been discharged. She had been kept cool, very quiet and restrained from motion and conversation. She said that she felt well; her pulse was normal. She informed me, however, that she had had considerable pain soon after my son left, doubtless from the action of the ergot. I now removed the tampon, and found what I expected; the whole product of conception in the vagina. With my two fingers, I very readily removed it. It was a beautiful specimen of early fœtation; it was of the size of a large hen's egg. The mass was entire. The chorion was as thick as a knife-blade; the amnion was very thin, and its liquor very transparent. The fœtus was of the size of a bumble bee.

I directed the patient to keep her bed a few days, and take on the following day a small dose of ol. ricini.

Remarks.—I have related this case not so much for its novelty as for its practical importance. It strikingly illustrates the great value of the tampon as an obstetrical appliance. Had it not been promptly resorted to in the case just related, I honestly believe that death would have resulted from the omission. The tampon rescued her from a state of immi-

nent danger and placed her in one of complete security. I shall never forget the deep solicitude which I experienced at my first case of ante partum hemorrhage. I was then a very young man; the life of my patient and my own reputation were at stake. About forty-seven years ago I was called to Mrs. B. V. H. in a miscarriage in her fifth month. This misfortune had happened to her as often as a dozen times at different periods of her gestation. I found her flooding very much, and with very little pain. From the high commendation bestowed on the tampon by distinguished accoucheurs, I was induced to resort to its use. The hemorrhage was speedily arrested. The pains increased in force, and by and by became bearing down. I now withdrew the tampon, and very rapidly two children and the placenta were expelled. The patient did well. From that time to this, I have resorted to the tampon in all appropriate cases. By this term, I mean *profuse hemorrhage in the early months of utero-gestation.* I do not however consider the tampon to be necessary in every case of abortion—far from it. The hemorrhage may be so slight as not to need interference with it; nature in the majority of cases is sufficient for her own work. We may often assist her by removing with the finger one of the most frequent sources of hemorrhage at this time—namely, the placenta arrested in the os uteri. Dewees' hook may also be used for the same purpose. I have myself succeeded to admiration with this appliance, but I have sometimes been sadly disappointed with it; and I may say the same thing of the uterine forceps.

The tampon possesses one benefit which should not be overlooked. It is this. The necessity of a tedious attendance upon the patient is done away with by its employment. If the vagina be well stuffed, the accoucheur may leave his patient to attend to other duties. In my own practice I leave the tampon in the vagina from twelve to twenty hours. There is little or no danger to be apprehended in these cases from concealed hemorrhage. Candor however obliges me to say that others have come to a different conclusion on this point. I give my own experience, and I have never seen unpleasant consequences from leaving the tampon in the vagina from twelve to twenty hours. I acknowledge that if this resource of our art be used in advanced gestation, the patient should never be left by her attendant; nor an inspection of her abdomen be neglected; she may fall a victim to concealed hemorrhage.

As to the modus operandi of the tampon, I think it is something more than a simple plug arresting the flow of blood and favoring its coagulation. By the irritation of its presence in the vagina, the uterus is sympathetically awakened up to action.

With respect to the material for making the tampon, I have not myself been very particular. I have used for this purpose a silk handkerchief; a muslin handkerchief; pieces of old muslin either torn in strips or used whole. I however give the preference to muslin torn up in strips. I have generally greased them before their introduction.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DECEMBER 3D.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Acute Dysentery.—This young man has just arrived from Ireland. After coming ashore he ate pretty freely of beef and cabbage, and probably indulged inordinately in other articles. His sickness began a week ago, with pain, and bloody mucous discharges. He was admitted yesterday, with stools almost constantly.

His countenance indicates disorder of the bowels. The hollow eyes, surrounded by a dark circle, and a dark, leaden tint of the skin, are frequent in these diseases. He has pain over the whole abdomen; the intestines are shrunken; his tongue is dry at the end. In ordinary mild dysentery there is no change in the tongue but a little coating. Pulse about 90; temperature of body cool.

Treatment.—Opium, ⅛ gr. every two hours, with 2 grs. of Tannin, and a spice plaster over his abdomen, made of a teaspoonful each of cinnamon, cloves and ginger, and if required to be more stimu-

lating, Cayenne pepper. It should be moistened with whiskey, and flour added to give it body.

The patient is in an exhausted condition, and should have a teaspoonful of brandy every hour.

His diet should consist of arrow root and milk, and the Castillon powders.

(This patient continued to sink, and died on the 6th inst., exhausted by excessive alvine discharges.)

Hydropericardium.—This patient was sick seven weeks ago in Havana, with yellow fever. After recovering from this, he suffered from pain in the breast over the heart, which has now somewhat diminished; and he considers himself well with the exception of some uneasiness in the cardiac region.

He is pale and anæmic. The presence of fluid in the pericardium is shown by a feeble impulse of the heart, and flat percussion. We know this flatness is not connected with the pleura, because when we percuss him on the back, sitting up, we have a clear sound.

We may consider this effusion as resulting from the old disease, and as requiring some medication. I will direct that his bowels be kept regular, and will give him squills and digitalis. A mustard plaster, diluted with three or four parts of meal, will be placed over the heart.

His diet should be good—eggs, soup, etc.

December 7th.

Pneumonia.—This patient, a man 42 years of age, has been in the wards some time, under treatment for chronic rheumatism. In the early part of the week he was attacked with pneumonia, commencing with bronchitis. He had no decided chill. He has pain in the left side, in the neighborhood of the nipple; respiration 32 in the minute; flushed countenance and dilated nostrils; tolerably moist and hot skin; tongue moist and coated; pulse of natural frequency, last night 84; the sputa are scanty, viscid and rusty.

The pneumonia exists in the lower lobe of the right lung, where there is rude respiration and crepitant rhonchi in the act of inspiration. In the upper portion the respiration is vesicular.

Treatment.—This patient was cupped six ounces, and bled from the arm eight ounces. The inflammation was active. He is a strong man, and the treatment was commenced early. He has taken 3 grains Dover's powder, and 1-24th grain tartar emetic every two hours. His symptoms are favorable, and as he is marching on toward recovery, he will neither be cupped again nor blistered. The same treatment will be continued, alternating with ½ grain ipecac. once in four hours. His diet is moderate.

Pneumonia of the Aged.—On the 23d of November Dr. Gerhard brought before the class a wrinkled and shriveled old woman, (72 years of age,) who had come in five days before with pneumonia. She was debilitated by the disease, which occurred in her, as in most aged patients, in an æsthenic form, with a diarrhœa, which was looked upon as an accident not connected with the pneumonia.

Her respiration was hurried; pulse feeble, 80 in the minute; tongue moist and coated. She complained of pain, to the right of the sternum. This was not where the pneumonia exists in perfection, but was of a pleuritic character. There was at first crepitant rhonchus and bronchial respiration; the latter had become less intense, and the fine crepitant rhonchus became sub-crepitant, showing a favorable progress of the disease. Some dullness existed.

Dr. G. remarked that there was only one treatment to pursue. If, in asthenic pneumonia, a debilitating and depletory plan were adopted, the patient would most surely die. She had been on the use of carbonate of ammonia, quinine, wine whey, and essence of beef. She should continue the carbonate of ammonia, with syrup of senega.

Dec. 3d.—Now convalescent; strength improved; skin and pulse good. There was dullness still remaining, as the resolution of the disease was not yet complete. Pneumonia in persons advanced in life progressed more slowly toward a cure. There was still bronchial respiration, and loose sub-crepitant, conjointed with mucous, rhonchus. There was a trace of vesicular respiration returning, and the space of dullness had diminished.

Little medication was now required. She took carb. of ammonia 5 grains and ⅓ ounce of brandy every two hours. Her diet was most nutritious.

Carbonate of ammonia Dr. G. considered as one of the best expectorants that could be used in such cases.

Dec. 7th.—Patient brought before the class more decidedly convalescent, shown by improved strength and a return of natural respiration and percussion. The sub-crepitant sound had disappeared, but some rude respiration still remained, owing to imperfect removal of the condensation of the lung.

She was still on the use of stimulants, and one grain of sulphate of quinia every two hours.

Acute Rheumatism—Progress of Case.—Dec. 3. This patient was before the class on the last clinic day, (see Reporter, page 248.) She had been confined to bed four days, and both endocarditis and pericarditis existed, the latter in a moderate degree. The weather yesterday was clear, and the temperature 67°; to-day it is cloudy, and the temperature has fallen to 37°. Coincident with these atmosphe-

ric changes, there has been an exacerbation of all her symptoms. She could not sleep last night, and now complains decidedly of pain in the breast. The dullness has increased, and the endocarditis has become more intense. The increased dullness and diminished impulse indicate more decided pericarditis also. The Dover's powder will be continued, and cups re-applied, taking from two to four ounces of blood.

Dec. 7th.—Patient too ill to bring before the class. Her disease is still further complicated by an attack of acute pneumonia. On Saturday evening, the 3d inst., the pneumonia was evidenced by increased frequency of the respirations, which rose to 40 in the minute, by strong dilatation of the nostrils, a deeper hue of the face, and flushed spots in the centre of the cheeks. On account of the extensive disease of the heart, the state of the lungs could only be examined at the back. Here there was on the *left* side bronchial respiration of the lower lobe, and crepitant ronchus, loud and fine, indicative of an acute stage of the inflammation. The same sounds were heard at the root of the *right* lung.

The pericarditis and rheumatic pains have now diminished, but her general strength is much prostrated.

Treatment.—She has been cupped twice over the heart, and has taken at intervals of two hours $\frac{1}{2}$ grain calomel, $\frac{1}{4}$ grain opium, and $\frac{1}{3}$ grain ipecac., with a view to determine towards secretion from the lungs and skin, and to act as antagonistic to the inflammation. She has taken also carbonate of ammonia and wine whey. A blister 3 by 5 inches was applied in the axilla. Her diet has been essence of beef, milk and arrow root. She is now better, but there is still a question about her recovery. She has a complication of diseases—pleurisy, pneumonia, bronchitis, endocarditis, pericarditis, and rheumatism, and is as sick as one can possibly be with this disease. In acute rheumatism I am unwilling to draw an unfavorable prognosis.

Service of Dr. Norris.

Fracture of the Leg.—The patient was advanced in years. The fracture had occurred high up, and the internal lateral ligament of the knee had probably been ruptured. There were bloody vesications over the leg, and discoloration of the whole limb. The superiority of the mode of dressing fractures of the leg by the fracture-box, was shown in this instance. Had it been tightly bound up, the limb would probably have been lost by mortification. Lead water and laudanum dressings were kept applied.

Amputation of Leg, for Chronic Disease of Knee-Joint.—This patient, a man about 30, had suffered, five years ago, with disease of the hip-joint. Afterwards an inflammation was set up in the knee-joint, which is now destroyed. A modified circular operation was performed.

Venereal Disease—Bubo.—This was of large size; a suppuration of the superficial glands. Dr. N. had endeavored, at first, to produce resolution; but, failing in this, should proceed to open it. He preferred to make a small opening, and avoid the large scar which an extensive opening would make. It would be treated, like an ordinary acute abscess, with warm poultices, etc.

Syphilitic Ulcer of the Glans Penis.—This was attended with considerable inflammation and swelling. The upper part of the prepuce had been destroyed. Ulcers, probably, existed behind the corona glandis, which could not be seen on account of the phimosed condition. There was no bubo nor other constitutional symptoms. The ulcers were touched with nitrate of silver, and the patient placed on iodide of potassium. Dr. N. was opposed to the use of mercury; he believed that the primary disease could be cured quicker without it, and that secondary symptoms were less likely to occur than with it. He treated these ulcers, as an ordinary inflammation, with caustics, stimulants and astringent applications.

Chancre, with Phimosis.—This was treated as in the last case. The best mode to get at the ulcer was to retract the prepuce. This could be done, after reducing the inflammation with solid nitrate of silver. It was a bad practice to slit up the prepuce. When the ulcer existed in the recent state, the cut edges were liable to be inoculated. He was put on the internal use of iodide of potassium.

Stricture of Urethra.—This patient was dismissed from the hospital three years ago, cured. Since then the stricture has returned, and was operated on by external division in a New York hospital. After the operation he was able to introduce a No. 10 bougie. Now two strictures exist, the second of which Dr. N. had no doubt was the cicatrix of the operation. There were also two fistulous openings. Dr. N. would endeavor to remove the stricture by dilatation. He was of opinion that the operation by division generally left the patient as bad as before. By every mode of treatment the stricture was liable to recur; and the patient, if he goes beyond the reach of the surgeon, should be taught to introduce the instrument, and should occasionally employ it.

Stricture, with Retention of Urine.—This patient has just come in, suffering great pain from retention

of urine, caused by a spasmodic stricture of the urethra. This existed about the bulbous portion of the urethra, and was impervious to a very small instrument. Dr. N. was unable to pass an instrument of any size without using force. He directed the patient to be put in a warm bath, and an anodyne enema to be given. It was not until the evening, after several unsuccessful attempts had been made, that a flexible pointed catheter was introduced.

With patience and care we ought to succeed in all cases. The passage of an instrument would be facilitated by putting the patient under the influence of opium, or of ether, as suggested by the Resident Surgeon, Dr. Hodge.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by W. B. Atkinson, M. D.]

WEDNESDAY EVENING, NOVEMBER 9TH.

Dr. COATES, President, in the chair.

Subject for Discussion.—THE DIAGNOSIS OF OVARIAN TUMORS.

DR. WASHINGTON L. ATLEE read a very interesting paper, of which we give the following abstract:

When disease of the ovaries is going on, there is seldom any direct evidence that such is the case, until it arises above the brim of the pelvis; he would, therefore, confine his remarks to the diagnosis of these tumors after they have invaded the cavity of the abdomen. The surgeon, in the majority of cases, finds a tumor from the size of a hen's egg to that of a goose's egg, and of an oval form, situated to one side of the median line. For the purpose of making the diagnostic examination, the best position is upon the back, with the abdomen entirely uncovered, and if the walls of the abdomen are thin, the outline of the tumor will be seen. To the touch it is found to be circumscribed, elastic, movable, seldom sensitive, and more or less prominent; though this state of want of sensibility is not always to be found, as was evinced in a case which he described in detail. As it increases in size it may take a more central position, and in tracing the history of these tumors, we may find the patient describing them as making their appearance first in the central, lower part of the abdomen. Others, however, tell us that they swelled all over the abdomen rather suddenly, and uniformly. In either case it would be wrong to infer that the tumor was not ovarian, because it was not originally discovered on either side. As the growth increases, and the tumor encroaches upon the cavity of the abdomen, crowding from their places its contents, it becomes less movable. If it be unilocular, the fluctuation does not extend beyond the borders of the tumors. If multilocular, more or less distinct hard masses will be felt in the abdomen, within the limits of the walls of the tumors. Percussion in either case gives a flat sound over the circumscribed tumor, with a resonance at its borders. All the phenomena may be absent, or diametrically opposite, and the tumor yet be ovarian, as was shown in a case which he related.

Up to this point of the development, we usually find the functions of life in good condition. This fact possesses great diagnostic value in *simple cystic* disease of the ovaries. Where it is different, and constitutional symptoms supervene, we are entitled to conclude the disease to be malignant or solid. It is not unusual, however, for a cyst, even of a simple character, to go on to its extreme development, without interfering with the health, except so far as its pressure may cause a difficulty of breathing, a diminished renal secretion, etc. But it is more commonly the case, that an ovarian tumor will invade the normal functions, and produce symptoms of aggravated indigestion, flatulence, constipation or diarrhœa, hemorrhoids, disease of the pelvic organs, anasarca of the limbs, dyspnœa, great emaciation, and fatal exhaustion. The presence or absence of the catamenia is of little account, for even when both ovaries have been diseased, the menstruation has gone on with great regularity. He mentioned a case in which he had removed both ovaries, and yet the menses recur regularly. He also illustrated this point, by relating the case of a young lady, from whom he had removed both ovaries, and some time after, she informed him that at the usual period, she experienced a sensation as though her catamenia were about to recur, connected with a whitish discharge from the vagina.

The relative position of the tumor in relation to the viscera, is a point of great importance. The tumor takes a position in front of the intestines, crowding them back, upward, and to the sides. Hence, percussion and palpation are important aids. As before indicated, the patient should be examined with the abdomen uncovered; and first, we will start with that in the sitting position.

The eye of the surgeon should follow the motions of the hands. Percussion is best made with the palmar surface of the fingers of one hand placed on the abdomen, and struck with the fingers of the other hand. We know that over air, percussion produces a reverberation of sound, or resonance, while over liquid or solid the sound is flat or dull. In the centre of the abdomen, the site of the tumor, we obtain a dull, flat sound; but in the lumbar, hypochondriac, and epigastric regions, the resonant sound prevails. Another form of percussion is equally important. This is made with the palm of one hand placed on the abdomen on one side, while

percussion is made on the opposite side with the other. The result is, that a wave strikes the hand at each percussion. This fluctuation is usually recognized only in the circumscribed tumor, as it does not extend to the regions beyond. It varies also in degree; if the contained fluid is thin, the fluctuation is more evident than if it is thick; or if the walls are thicker, or covered with semi-solid growths, the absence of fluctuation would indicate the existence of a solid or semi-solid tumor.

The form of the abdomen also should be noticed. When it presents a symmetrical appearance, we may infer that the cyst is unilocular, though variations in the thickness of the walls of the sac may cause an inequality in the shape of the abdomen, by the fluid being thus permitted to protrude more at the thin points. In multilocular tumors, and those with solid deposits, elevations and depressions, are observed. Not unfrequently, the greatest length of the morbid growth extends from the hypochondriac region of one side to the iliac region of the opposite. The xiphoid cartilage, together with those of the ribs, are protruded, and there may be, also, a bagging down of the abdomen on the thighs. The umbilicus is pushed out, or entirely obliterated. The veins of the surface of the abdominal parietes are enlarged, and filled with dark blood.

The evidence thus gained must be borne in mind, in order to be compared with the facts obtained by examination in other postures.

The patient should next be placed in the supine position, and precisely the same examination made; and then repeated with the patient on her right and left sides. The points must be collated and compared, and if in all positions of the body the same region is dull, the points of resonance do not vary, and the fluctuation occurs invariably in the same points, we may reasonably conclude that an ovarian tumor exists. The back on each side of the lumbar vertebræ should be percussed, in order to ascertain the extent of the growth.

While still in bed, a rectal and vaginal examination, should be made. The position of the uterus varies in different cases, and in the same case at different times. It may be dragged up and out of the pelvis by the tumor to either side, or forced back within the pelvis, down against the perineum, or out of the *os externum*. Therefore, there is no general rule for the position of this organ. Occasionally there is also a prolapsus of the bladder and vagina. These examinations seldom cause pain. The uterine sound will enter the womb about two and a half inches, seldom less, and sometimes from a half inch to two inches further. The isolation of the uterus is an important point in regard to the question of operating.

One of the most important means of diagnosis, is tapping; it gives us undoubted information of the absence or presence of ovarian disease, adhesion, and the character of the tumors. It should not be performed at an early period of the disease, except in reference to the propriety of ovariotomy, or to relieve urgent symptoms. On the other hand, however, the operation of ovariotomy should never be attempted without previously having employed this means of diagnosis. The only two operations performed in Philadelphia, where no tumor was found to be present, were neither of them diagnosed by this *indispensable* means. For this process, a large trocar and canula should be employed. The lancet should never be used, as it is highly dangerous. Should no adhesions have taken place at the point of insertion of the lancet, the walls of the sac and of the abdomen, though corresponding at first, are extremely liable to separate, the contents of the sac are poured into the cavity of the peritoneum, and peritonitis ensues. Perhaps this is one great cause of death after tapping. In *paracentesis abdominis*, the position of the body is of more importance than is generally supposed. The English recently recommended the recumbent posture, and speak of it as something novel; yet the lecturer had employed this position for the last thirty years. He always placed his patients on the back in bed, with the shoulders and head elevated. In this posture, the most feeble patient may be tapped without loss of strength; the pulse even being better after the operation. In the upright position, a fatal result is easily understood; the fluid is withdrawn, the support of the viscera and the circulation is thus removed, the blood leaves the brain, and is invited to the vacuum created in the abdominal cavity, fatal syncope occurs, or peritonitis ensues from the rush of blood to the parts. This, no doubt, is another cause for so many fatal results. In tapping, as a general rule, the *linea alba* is selected about two to four inches below the umbilicus, as the point for inserting the trocar. In ordinary cases, this rule will apply, but with a solid deposit, or several cavities, the complete evacuation of the fluid cannot be accomplished by opening in that line. The *linea alba*, too, should never be selected, unless fluctuation is perceptible beneath it. As the walls of the abdomen are greatly distended and covered with enlarged veins, we should be careful to avoid wounding them.

In plunging the instrument directly through the skin and the walls of the abdomen, great force is required, and great pain is inflicted; therefore, it is better to slit up the *cutis vera* over the point of operating with a bistoury, and then employ the trocar. Such a wound, covered with adhesive plaster, heals nicely and speedily.

Dry tapping may always be avoided by knowing previously that fluctuation is present. When tapping is employed as a diagnostic sign, we should notice the form of the abdomen before, during and

after the operation. An unadherent unilocular cyst will gradually subside into the lower part of the abdomen; we have a dull sound below and resonance above, from whence it has receded. Grasp with the hand the walls of the cyst and abdomen, and on rubbing, the folds of the cyst slip from the fingers between the abdominal parietes. If the cyst is adherent to the walls of the abdomen, it will not subside, the dull sound is more extended, and the resonance is less, and the abdomen retains its level above and below. A nodulated, partially solid cyst, is more readily diagnosed in tapping than a unilocular cyst. Sometimes half of the tumor will consist of one cyst, while the other half will be a semi-solid mass of innumerable small cysts, in which case, on emptying the cyst, one side will sink, while the other remains prominent. Sometimes there are two cysts of equal size, without a nodulated surface, in which tapping causes the subsidence of half the tumor, while the other is unaltered and fluctuating. In such cases, the canula should not be removed until the septum has been penetrated, and the sac emptied. In both these instances, if no adhesions exist, the tumor may be pushed across the median line after emptying the opposite side; if adherent, it will be found to be attached to the wall of the abdomen.

A rare complication is a large ovarian sac, immersed in a great quantity of peritoneal fluid, and masked by it. When such a case is tapped, we find this fluid only escapes; then, as the walls of the abdomen subside, the existence of a large globular body is ascertained. This should be percussed, and if it fluctuates, should be perforated, and a different fluid will be found to issue forth. In paracentesis, if there is no fluid found, we should not decide against the existence of an ovarian tumor. The contents may be viscid, and not flow out. In cases of colloid tumor, there may be fluctuation without the presence of any fluid. This is negative testimony, which is very valuable.

The best evidence of the existence of an ovarian tumor, is the character of the fluid, physically, chemically, and microscopically. If it is from an ovarian cyst, it generally differs from all other fluids in color and consistency; sometimes resembling starch water, coffee, chocolate, the dregs of urine, soapy-water, soft-soap; being greenish, or even inky &c.; and with other conditions, as gelatiniform, grumous, sticky, purulent, and the latter portions flakey and cheesy. Sometimes the fluid in the vessel into which it is drawn is covered with an oily liquor, which, when spilled on the skin or clothing, shines like crystals or spangles. It often contains crystals of cholesterine, tufts of hair, and even long portions of hair. He had obtained from the ovary of a virgin, a tuft of hair, 11 inches in length.

In the different cysts of a multilocular tumor, we may have very different fluids. When a clear transparent serum flows out, we should hesitate about the character of the disease, as we may have this, though very rarely, from a cyst connected with the ovary.

Concerning the chemical characteristics, these may be ascertained in the sick chamber by holding the fluid in a spoon over a lamp, when the presence and amount of albumen may be decided by the coagulation, which soon occurs. This appears like the white of eggs, and is generally so thick that it will not fall from the spoon when inverted.

Sometimes it is in so small a quantity, and so combined with alkali, that the heat is not sufficient to detect its presence; then it will be necessary to employ nitric acid.

Next, it should be examined by the microscope. The cell forms are generally found in abundance, and rich in oil, combined with blood globules, epithelial scales, pus, and pyoid forms. The peculiar cell is of a fine granular appearance. With these we may have crystals of cholesterine.

There is no other fluid which corresponds with this in character; hence, when a fluid from the abdomen is found to present these characteristics, it may be considered as pathognomonic of ovarian disease. In a large majority of cases, these will be perfectly reliable.

The *differential* diagnosis should also be taken into consideration; but this will be made the subject of a paper at another time.

Dr. Darrach complimented the lecturer upon his successful labors in this new, difficult and important branch of surgery, which now so deeply interests the profession. He regarded Dr. Atlee's zealous efforts in it as original and unrivalled, and which will ever pre-eminently identify him with it.

Had his skill been applied to the case of a young unmarried lady, which he, Dr. D. would now relate, she would have been saved. A very gradual and persistive abdominal swelling began to be seriously regarded in the early part of 1832. The size and form of the tumor, and all the symptoms of the case, were unqualifiedly those of an ovarian cyst, so far enlarged and distended as to disturb the thoracic function, and thereby shorten sleep and diminish strength and appetite.

In June, August, October and December, she was successively tapped, drawing off at these several operations 17½, 21, 22 and 22 pints of fluid, in the highest degree albuminous, and at the close brownish and purulent—or rather, perhaps, mucin and epithelial cells—which latter circumstance, with the lumpy condition of the emptied sac, disclosed the histology of the case.

Now was the time for an easy and successful ex-

tirpation of the sac, and its prolific tumors. The diagnosis justified it, and humanity and christianity demanded it. But owing to ignorance and omission, she was tapped 14 times the subsequent year, and after two additional operations in the third year, 1834, she died on the 20th of February, in an asthenic anæmic condition, from the augmenting drain of albumen, &c.

The quantity of fluid removed at each tapping increased from 17½ to 29 pints; and the total amount of the 22 operations in the 20 months was 500½ pints. Tapping having, from her extreme debility, become useless, she consequently died with a full sac.

The sac, in the autopsy, being emptied and the abdominal cavity exposed, it was seen collapsed upon its contained tumors, and occupying the pelvic, hypogastric, right iliac and right lumbar regions, having no adhesions except a few delicate ones to the omentum and parietes. By the gentlest motion of the hand they were separated, and the sac, with its solid contents, slipped out of the abdominal cavity, and thus found to be attached to the broad ligament of the uterus.

The rest of the uterine system, together with all the abdominal and thoracic viscera, were in a normal condition. The sac, irregularly ovoid, was in size that of a 7th month grown uterus, with thick, firm, elastic parietes. Its external surface was polished, without attachments. Its internal surface was granular, studded with fungoid tumors, diversified in form, and varying in diameter from the fraction of an inch to that of three and four inches, and smeared abundantly with muco-purulent matter.

These adherent tumors, cut into, were found to contain capsulated cavities of various forms and dimensions, filled, some with puruloid matter, others with a mixture of translucent albuminous matter and white opaque soft matter, and bound together by interlacing white opaque fibres.

This case, doubtless, up to its stage of extreme asthenia and anæmia, could have been saved by the extirpation of a cyst which, as a locale, by its extravagant drain of albumen and ceaseless genesis of tumors, exhausted life in its evolving strength, before it had performed its mission.

Here, there was neither fixed adhesions to important organs and surfaces, nor an unmanageable and vascular attachment; nor was it catenated with sequelæ from uterine disorder; but, on the contrary, here was youth, in its beauty and intelligence, cut off prematurely by medical default.

Dr. Condie remarked that he did not rise to controvert anything which the lecturer had said this evening in reference to the diagnosis of ovarian tumor. The subject had been treated by that gentleman in the ablest manner. If the diagnostic signs described by him are made out in the manner indicated, there can be no doubt that there will then exist strong *prima facie* evidence of the presence of ovarian tumor. The subject is one of very great importance in many points of view, but especially as bearing upon the question of the propriety of an operation being undertaken for the removal of the tumor, when it is known positively to be present.

In a public lecture on abdominal tumors, by an eminent continental physician, the treatment of simple enlargement of one or both ovaries, is thus concisely summed up: "The malady being one rather of inconvenience than of danger—a source of deformity rather than of suffering—the patient should be taught to bear with it as best she can; the farthest we can promise her, by our interference at any time, is to palliate, as far as possible, any symptoms that may occur from the unwieldiness of the tumor when it attains, as it sometimes does, an enormous size; or from its pressure upon adjoining organs and tissues impeding the regular performance of their functions, or inducing in them an abnormal condition."

Dr. Condie had, in the course of upwards of forty years extensive practice as a physician, met with a very large number of cases of ovarian tumors, but had not found its presence to be always attended with so little suffering and danger as the lecturer just referred to, asserts. It is true, that in some cases the general health of the patient is not at all, or but very little, impaired during life or for a long series of years. He was acquainted with a maiden lady, who, although somewhat incommoded and much deformed in consequence of an enormous ovarian tumor, lived to an advanced age, and walked daily several miles in collecting her rents and interest, and overseeing the affairs of a tolerably large estate. But, in a large number of cases, the sufferings induced by the presence of the tumor, after, at least, it has attained considerable bulk, are severe and protracted, and death may, in some instances, be early induced by its rapid growth, or by the disturbance of function, or actual disease it occasions in neighboring parts and organs in consequence of some accident of growth or position. Dr. Condie viewed the presence of an ovarian tumor as a serious matter, under all circumstances, and of so precarious and unpromising an issue, as to call loudly for medical or surgical interference, could this be shown to be adequate, without endangering the life of the patient, either to arrest the further development of the tumor, or to remove it from the abdominal cavity. Dr. Condie was not prepared to say that gastrotomy was an unnecessary operation in cases of ovarian tumor, or uncalled for by the nature of the malady, and the suffering and danger to which it gives rise. If it could be shown that the presence and condition of an ovarian tumor can be detected

during life by a properly conducted investigation, and its exact relationship to the surrounding tissues and organs correctly made out, then we should be fully warranted in recommending its extirpation by the knife; provided, always, however, that the statistics of such operation, honestly recorded, prove it to be as generally successful as other operations of equal magnitude, when undertaken to remove diseased structures, the presence of which is not, certainly, and invariably, a cause of death.

Unfortunately, however, as the gentleman who opened the debate this evening himself admitted, and no one has had more experience in reference to the subject than he, the diagnosis of ovarian tumor is always encompassed with very considerable difficulty, and the most expert may be occasionally deceived.

Dr. Condie recollected the case of a young lady which occurred many years ago, in that portion of the city then known as East Kensington The patient was under the care of a young Irish physician, educated in Dublin, of respectable talents and some experience. She had suffered for several years from a condition of ill health, attended by suppression of the menses, and some degree of intumescence at the lateral and lower portions of the abdomen, but no other symptoms of a very prominent or decided character. The swelling of the abdomen gradually increased, fluctuation of a fluid within the peritoneal cavity was finally detected. The intumescence of the abdomen became, at the end of some few additional weeks, so great as to interfere with the movements of the patient's body, with her respiration, and with the regular evacuation of her bowels. Dr. Condie was now consulted as to the propriety of paracentesis. Upon the withdrawal of the trocar, the escape through it of a number of hydatids and of a thick, jelly-like fluid, and the entire arrest of any further discharge after about a gallon of fluid had been obtained, without the entire subsidence of the abdominal swelling, led to the belief that the case was one of encysted dropsy of the ovary, which was shown to be the case by an examination after death; the right ovary being found converted into an immense cyst, and filling, almost entirely, the whole anterior and lateral portions of the peritoneal cavity. Now, in this case, during the life of the patient, it had not been possible to detect, with anything approaching to certainty, the existence of an ovarian tumor.

In another case, the doctor remarked that he had been invited to be present at an operation for ovariotomy, to be performed by a physician in a neighboring State. With a number of other physicians, he attended at the time and place appointed; but, alas! on examining the patient, no tumor could be detected, nor were there any indications to show that any tumor had ever existed. Yet it is very certain that, in this case, symptoms simulating such as are usually produced by the presence of ovarian tumor had existed. It was impossible that the patient and her friends, as well as her medical attendants, could have been mistaken in this matter. Dr. Condie did not pretend to be able to decide what had been the real character of the case; it by no means stands alone—others, very similar in character, are to be found on record.

No one else being desirous of continuing the subject—

Dr. Atlee, by request of Dr. Atkinson, described a new suture which he had recently introduced. It allows a separation and retraction of the wound. It consists of the common "blue needle," and a gumelastic ring, which is passed over the ends of the needle after it has been passed through the edges of the wound The great advantage to be derived from it, is that it yields to the swelling of the part, and as the tumefaction subsides, again draws the wound together, always keeping the edges in apposition. The metallic suture has been found advantageous, but in many wounds the mode of applying it will make it incompetent to hold the edges together, and he had on that account abandoned it in ovarian operations. It was only within the last month that this thought had occurred to him. This, like metal, had the advantage of not absorbing the excretions like the twisted suture, which thus speedily becomes a recipient of putrifying substances. The latter, also, does not yield, and thus produces an ulceratod tract, crossing the wound from the head of the needle to its point. It was also easy both of application and removal. He was satisfied that with this, the operation for hare-lip, vesico-vaginal fistula, and all others where the metallic suture was preferable, equal advantages would result. To protect the internal parts from the points of the needles, shot may be clamped over the points, and externally the soft parts may be protected with adhesive plaster. These rings are readily procured, by making smooth sections from tubes of gum elastic, of the required size.

Adjourned.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Subject for Discussion.—Bloodletting.

Dr. L. P. Gebhard made the following remarks: The time when bloodletting first originated, is still involved in uncertainty; it was in general use, however, previous to the time of Hippocrates, who wrote as if he was familiarly acquainted with venesection, and also scarification, with or without cupping; this was more than two thousand years ago. It is doubtful whether the use of leeching or arteriotomy

were practiced at that time, as nothing is said about it. He employed bloodletting in inflammatory diseases, such as inflammation of the brain, lungs, liver, spleen, and in pleurisies, *ad deilquium animi*, or until the pain was relieved; also, in quinsies, difficulty of breathing and other affections of the lungs. In fevers of an idiopathic character, or unaccompanied with inflammation, he did not bleed.

Erasistratus, who succeeded Hippocrates a century or more later, prohibited both bloodletting and purging, and subtituted low diet and ligatures to the extremities. Asclepiades, a Greek physician, who settled at Rome, 100 years before Christ, pursued the same kind of practice as Erasistratus, with the exception of bloodletting, which he introduced to some extent—he bled in pleurisy because there was pain, but would not bleed in pneumonia which was unaccompanied with pain. Aretaeus was among the first who practiced arteriotomy. Themison, the founder of the methodic sect, also employed bloodletting, as well as leeching, in the cure of diseases. Celsus was a great friend to bloodletting, considering it a very valuable means of cure. From the time of Celsus, who lived at the commencement of the Christian era, until the time of Galen, who flourished in the second century, but little was said on the subject of bloodletting. Galen took Hippocrates as his guide, and endeavored to re-establish and bring to perfection his system, in opposition to the prevailing sects of the time. Galen was the first who fixed the quantity of blood necessary to be taken in all cases, whenever employed; the largest quantity in ordinray cases did not exceed one and a half pounds, the smallest seven or eight ounces; occasionally he took it *ad deliquium animi*—as in the commencement of acute fever, when the patient was plethoric; however, as a safer practice, he advises small quantities to be taken, twice the same day or on successive days. He bled when the fever was the lowest, and, like Hippocrates, always from the side affected, and never bled children under 14 years of age.

The physicians of the two succeeding centuries were mere compilers of the writings of Hippocrates and Galen. The Arabian physicians, of whom Avicenna was chief, followed the Greeks in all essential respects as to theory and practice, they however opposed the injunction of Hippocrates, that in pleurisy the blood should be drawn from the side affected; they always took it from the opposite side. This difference of opinion, though unimportant, led to violent dissension in the schools of physic, and to such a height was it carried, that the University of Salamanca, in the fifteenth century, took part with the Arabians, and made a decree that no one should dare to let blood from the affected side. This controversy continued until the discovery of the circulation of the blood by Harvey, which put an end to the dispute.

The Egyptians used bloodletting in all its varieties to a great extent; they took it from the arteries as well as the veins of the temples, forehead, ears, corner of the eyes, the nostrils, throat, &c., nor had they any dread of the consequences usually apprehended from arteriotomy in such cases. Scarification was so common in Egypt, says Prosper Alpinus, that out of one hundred children you might meet in the street, you would scarcely find forty whose ears were not covered with cotton, on account of the scarifications they had undergone. Leeches were not used, in consequence, as has been suggested, of their not being found there. Paracelsus, the prince of quacks, though far more learned than those of the present day, employed bloodletting.

From the revival of learning in the 15th century to the present time the advantages of bloodletting have been variously estimated in Europe as well as this country; in all ages there have been those opposed to the abstraction of blood from the system, in any disease whatever. Bloodletting was more generally practiced in this country one hnndred, or, I may say, even fifty years ago, than at the present time; this is attributable to several causes, one of which is no doubt the changes which have occurred in the prevalent diseases during that period, and the tendency to the production of fevers and other diseases, which more readily assume the typhoid state than formerly. The introduction of the homœopathic system has also contributed, no doubt, to intimidate some physicians from the use of the lancet. In my own experience I have found that, of late years, fevers and diseases generally have been less inflammatory than formerly, requiring less depletion, and of course less necessity for the loss of blood, as previously. Another drawback to the use of the lancet, has been the once too indiscriminate use of the remedy in all cases, without reference to the age, previous constitution, habits of body, and the state of the system at the time the blood was taken, also the want of care as to the stage of the disease then existing, which of course was calculated to produce a prejudice in the minds of many against its use.

Galen objected to the loss of blood in early life, or until the patient has arrived at the age of fourteen years. According to my own experience, I have found childhood the most appropriate time for the loss of blood, that is, in all cases in which the disease required the loss, inasmuch as the whole sanguiferous system is most active at that age; the *vis a tergo* is not only manifested in sustaining, but also in replenishing waste that occurs, the recuperative energies being capable of raising the system above any depressing effects it might be called upon to encounter. Hence I have found children more capable of bearing the loss of blood, than those in more

mature age. From my earliest practice I have been in the habit of bleeding from the arm in all inflammatory diseases, where the brain or chest were involved, provided the state of the system justified the abstraction of blood, more particularly in affections of the brain, as evinced by delirium, hot and dry skin, hot head and an active pulse; in such cases I have found almost immediate and decided relief by freely abstracting blood.

I intend now making a few remarks in relation to the use of blood letting in croup, and state some facts in exemplification of its advantages in that disease.

On the 30th of October, 1853, I was called to visit a boy about five years of age, laboring under all the symptoms of croup—a whispering hoarseness or aphonia, with a dry, husky cough, resembling the barking of a dog, with some fever and difficulty of breathing. Administered emetics, such as antimony and ipecacuanha, until vomiting was induced, and persevered in them, with little or no relief. The case becoming more urgent, and threatening a fatal termination, I came to the conclusion to resort to blood letting from the arm, in sufficient quantity to induce fainting. No sooner was this effect produced than the cough and difficulty of respiration subsided. While becoming faint, vomiting came on, the cough became looser, expectoration followed, and the whole aspect of the disease was changed; instead of croup, a simple catarrhal affection was left, which soon yielded to mild remedies. He has had no attack since, and is now in the enjoyment of perfect health.

On the 23d of September, 1856, a little after midnight, I was called to prescribe for a case of croup in a child of thirteen months old, the only son of a father holding an elevated position in society. On the day previous, the syrup of ipecac. had been given, which vomited him freely; this was continued for some time, without any apparent benefit. I found him with a dry, husky cough, some fever, difficulty of respiration and great hoarseness, the cough being similar to that observed in all cases of croup. The case being very alarming, and threatening a fatal termination, I resorted to the same remedy which had been so successful in the case just related. A sufficient quantity of blood was taken from the arm to produce syncope, and while in the act of becoming faint, he vomited freely. A change occurred at once in his respiration and cough; the respiration became freer, the cough looser, and the husky, croupy sound entirely disappeared, and he was left free from fever. To prevent the recurrence of these symptoms, I ordered muriate of ammonia, which is supposed to act favorably in mitigating the irritation of the mucous surfaces, and in a few days he was entirely restored.

On the 2d of October, 1857, nearly fourteen months since the case just described, I was again summoned at night to witness a second croupy attack, equally violent as the first in the same boy, now twenty-seven months old; the disease came on as a catarrhal affection, two days previous to my being sent for. Notwithstanding the giving of emetics, which vomited him very freely, the symptoms continued to increase until I saw him. The mother had persevered in giving the emetics, if possible to avert the danger, as also to avoid the necessity of bloodletting, to which the parents had a great aversion, fearing the debilitating effects that might ensue in after life from the loss of blood. I assured them that I had no such apprehensions. They were willing to submit to my decision in the case, and feeling my responsibility to be great, and that there was nothing in which I so much confided in as bleeding to relieve, if I immediately resorted to it, with the satisfactory result as in the previous cases. On the 28th February, 1858, a third attack of croup occurred in the the same child, equally violent with the others, and the loss of blood was equally prompt in relieving the patient. On the 9th February, 1859, the fourth and last attack of croup occurred in the same child, and the same means with the same satisfactory results followed as in the previous cases. It might be thought by some that the predisposition to these attacks might have been increased by the debility arising from the loss of blood; but this could not have been the case, as the recovery of the patient in every instance was rapid, and during the intermediate time between each attack, his strength and health were perfectly good. There is no doubt the frequency of the attacks was more attributable to the carelessness of the servants, who were the caretakers of the child in the frequent absence of his mother.

The blood was taken in these cases from the arm by as large an orifice as possible, in order to facilitate the rapid flow of blood from the vein, and thereby produce syncope without the necessity of taking as large a quantity as if taken more slowly from a smaller orifice; for I believe that the great benefit derived from the loss of blood in these cases is in the production of syncope. That a much larger quantity of blood taken by repeated bleedings, without carrying it to the extent I have mentioned, will utterly fail in accomplishing the object in view. In the production of syncope, we have as it were, a complete revolution take place in the action of the whole system, producing a momentary prostration and relaxation of the whole organization more complete than by any other means in our power to effect, being, for the moment, a perfect suspension of all animation. If then, cynanche trachealis is an inflammation of the larynx, which is conceded, is it not reasonable to suppose that any means which have for their object the removal

of a general inflammatory state of the system, would be calculated to remove a local inflammation. The practice usually employed to relieve this local inflammation, though it acts indirectly upon the system through the medium of the stomach by the administration of nauseating remedies, it eventually produces a more permanent prostration of the system than that produced by the loss of blood; inasmuch as it impairs the stomach to such a degree as to render it incapable of receiving nourishment or tonics, or even stimulants, if required to sustain the strength of the system, while it is passing through this formidable disease, whereas the loss of blood saves the stomach from any derangement whatever.

Although croup is generally confined to the larynx, still cases do not unfrequently occur, in which the inflammation of the mucous membrane extends into the lungs, so that the croupy symptoms may be relieved, and the patient, notwithstanding, die from the effects of such extention. In illustration I will state a case. In April, 1850, I was called to visit a girl, aged about four years, with all the symptoms of pseudo membraneous croup; she had been indisposed for a week or more with a cough, without being confined to the house, after which croup suddenly supervened. Emetics, and the usual nauseating remedies had been given, together with counter irritation to the part affected, all without effect. The respiration becoming so difficult as to threaten the sudden extinction of life, I recommended as a last resort the operation of tracheotomy, and requested Dr. Pancoast to perform it, after which she became very much relieved in her respiration, and a fair prospect of recovery ensued; this, however, did not continue long; as far as the croup was concerned the difficulty was removed, but a fever, with some cough and difficulty of respiration gradually supervened, indicating that the mucous membrane of the entire lungs partook of the same irritation as that affecting the trachea which terminated in a few days fatally, notwithstanding every means was employed to relieve the patient. A post mortem examination disclosed the formation of a membrane, similar to that found in the trachea, lining the whole surface of the mucous tissue, extending some distance into the lungs, being the necessary cause of the return of the symptoms which destroyed the life of the child. I candidly believe that the early resort to bloodletting, so as to produce syncope, would in this, as in all similar cases, arrest the inflammation promptly, and thereby prevent all the sad consequences resulting.

The important question now for consideration is simply whether the course now proposed is a proper one in all cases of croup. As I have already stated, the loss of blood has been tried in several instances with decided benefit, without leaving the system in a prostrate or debilitated state for any length of time, the system always rallying soon after the blood was taken. In young children the recuperative powers are such that ordinarily the debility arising from the loss of blood will scarcely be perceptible in twenty-four hours after it has been taken. It frequently occurs in croup that very little or no fever exists, the general system being apparently in a normal state. The patient, if old enough, will not unfrequently be found sitting up, or even walking about, at a time, too, when the cough and breathing indicate the most extreme danger. In such a case the loss of blood could no more debilitate than if taken in a state of health. Suppose a healthy child was by some accident suddenly to loose as much blood as to induce fainting, is it probable that such a child's health would be impaired by such a loss? In my own experience, I think I can say, without any hesitation, that I have never known any permanently debilitating effects to arise from such an accident. Such being the case, when there is no inflammation or no excitement of the system whatever, how much less probability would there be of any debility occurring where there is any inflammation or excitement to subdue? No logical disquisition can be necessary, in my humble opinion, to make such a simple case as this intelligible to every unprejudiced mind. The plan here proposed is not intended to apply to cases of croup connected with any other disease, or in any cases in which the system has been previously debilitated by this disease.

In all cases of croup to which we might be called, if we expect the bleeding to be successful, it should be done as soon as the symptoms indicate the disease to be well formed. It is supposed almost as a matter of course that some nauseating or other remedies will have been given in the forming stage of the disease. The earlier, however, the blood is drawn, after it is fully ascertained to be pseudo membranous croup, the better the change for recovery.

Were I now called upon to visit a child, and on entering the house was to meet that child either walking about the room or sitting, with a natural pulse, a natural skin, and no increased excitement of the system whatever, and observed a cough and respiration indicating a confirmed case of croup, I should, without any delay, direct blood to be taken from the arm ad deliquium animi, and with entire confidence in the success of the remedy; and if not successful, with an assurance, from my present experience, that the system would rally after such an operation. I do not allude to cases where the system is already prostrated by disease or the remedies which have been made use of to relieve it; in such a case bleeding or taking blood would be madness. It is simply in cases where the system has not been reduced, either by former treatment or the disease, and the symptoms nevertheless indicate extreme danger.

EDITORIAL DEPARTMENT.

Periscope.

Sciatica Cured by the Actual Cautery.—M. Vallier and M. Iobert have done wonders, the *Lancet* says, in the cure of sciatica by the actual cautery, and now again M. Monneret, of the Hôpital Necker, comes forward as its great admirer. Of thirteen cases, he makes a cure of ten. Some of these were cured after one, some after two, and others after several cauterizations. The application of the cautery requires a skilled hand. It should be lightly used, so as only to brown the surface of the skin with lines drawn upon it; it is to be done with a hatchet-shaped cautery, at a white heat. This is run rapidly over the seat of pain, and according to the extent and age of the complaint, is to be measured the length of the lines. M. Monneret always practices three or four lines, extending from the hip to outside of the popliteal space. If the leg is painful, he goes from the head of the fibula to the external ankle. In the foot he is contented with two or three lines.

A New Treatment for Asthma.—Dr. Courty, a professor of the Medical School of Montpelier, France, has been treating asthma by subcutaneous injections of a solution of the sulphate of atropine over the course of the pneumogastric nerve. He makes a puncture on the inner edge of the sterno-cleido mastoid muscle, directly over the sheath of the great vessels of the neck, by means of a trocar and canula, to the distance of fifteen millimetres, and then injects a few drops of the solution, so that it may come in contact with the sheath of the great vessels. His experiments are reported to have been remarkably successful.

To counteract the specific effects of the atropine, Dr. Courty administered opium with success.

Citric Acid in Rheumatism.—Dr. Hartieng recommends citric acid, instead of lemon juice, for the cure of rheumatism. He gives 20 grammes (about ʒv.) in sweetened water, in the course of from 15 to 36 hours, the affected part being wrapped in wadding, and the patient being allowed to drink fresh water at discretion. A complete cure is generally obtained in from ten to fifteen days.

Collodion in the Treatment of Nœvus.—Mr. George Browning, in the *Med. Times and Gazette*, speaks favorably of the application of collodion to nœvi, especially when seated over bone. He has not known it to fail in any case in which he has himself applied it. He details a number of cases confirmatory of his experience. The application is made daily, by means of a camel's hair pencil, and should be persevered in until a cure is effected. We employed the collodion in the same way for this purpose, with much satisfaction, nine years ago, in a case where there were several nœvi on the scalp.

Lager Beer.—Dr. M. Adam, in some sketches in the *Edinburgh Medical Journal*, of a medical tour on the continent, thus discourses of the German national beverage:

"Is all this use of beer wholesome in a dietetic point of view? Ask a Bavarian, and he will answer you, shrugging his shoulders and raising his eyebrows with delight, '*Ach, mein Herr! das Bier ist flüssiges Brod!* (My dear sir! beer is fluid bread!) Now, whatever the teetotal party may say to the contrary, the honest German's answer is very near the truth. Böcker of Bonn, Mulder of Utrecht, and other eminent physiological chemists, have shown us clearly and indisputably that beer and wine, by arresting the destructive metamorphosis of our tissues—especially of those containing phosphates—are both valuable as indirect nutritive agents. Will it be credited that a pint and a half of good beer will afford a hard worked man about as much nourishment as a pint of milk? The physiological effects of beer on the animal economy are these: the carbonic acid of the blood is increased, and the excess is eliminated by the skin and kidneys, and burnt off in the lungs. The alcoholic elements stimulate digestion, increase the appetite, and facilitate the absorption of nutriment by the alimentary canal. Its sugar and dextrine, transformed into lactic acid and sugar, pass into the portal system, where they increase the bile-forming constituents of the blood, and offer the source of additional animal heat; and, lastly, the narcotic principle of the hops soothes the excited or irritable nervous system. Thus we can understand how beer, like wine, is a valuable aid to nutrition, in virtue of its tonic and sedative properties, and on account of its arresting the waste of tissue inseparable from intense or continued mental application. 'Surely, then,' says Dr. T. K. Chambers, 'that is a truer philanthropy which turns its attention to increasing the variety and quantity of wholesome

fermented liquors, than that which, by precept or example, endeavors to deter men from them altogether.'"—*Amer. Med. Monthly.*

Reviews and Book Notices.

DIAGNOSIS, PATHOLOGY AND TREATMENT OF DISEASES OF THE CHEST. By W. W. GERHARD, M. D. Philadelphia: Lippincott & Co. 1860.

When a work arrives at the third edition there is *ipso facto* sufficient evidence that it contains matter valuable to the medical profession; and Dr. Gerhard's position as a pioneer in the study of physical diagnosis in this country would naturally lead us to expect a systematic, well arranged treatise on the subject. In this we are sorry to find ourselves disappointed. The various physical signs are not described with a clearness and accuracy which would enable a beginner to recognize them readily, nor, in our opinion, is sufficient weight allowed to them in the discrimination of disease. This arises, however, in great measure, from a confused and irregular style, to which one gradually gets accustomed in the course of the book, and then its real value becomes apparent. We have here, in a condensed form, the *results of Dr. Gerhard's vast clinical experience,* which make the book of such value to the general practitioner that no good library should be without it. It is a mine from which the physician may draw treasures, rather than the fountain whence the student may obtain his ideas. The pathology is rather antiquated, and we notice no reference to capillary bronchitis, (unless the chapter on lobular pneumonia may be considered as such,) or to the *bruit de pot feté,* or to the hypothesis of "consonance" in explaining pectoriloquy, amphoric resonance, &c. In other respects the book is complete, the general execution of it being in the usual good style of the publishers.

The Anatomical Museum of Munich is said, by Dr. M. Adam, in the *Edinburgh Journal,* to contain a preparation of the uterus and ovaries of a woman who is still living. A medical man pulled these organs down into the vagina by means of forceps, supposing that he was extracting the placenta. He then removed them; the wound healed, and the patient recovered.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 17, 1859

NOMENCLATURE OF INSANITY.

We, last week, copied some very excellent remarks, by Dr. Kirkbride, in his last report of the Pennsylvania Hospital for the Insane, on the nomenclature of insanity, and for which, we observe that credit was not given. The object of this notice is to direct the attention of our readers to that article in the Periscope department of the last number. There is no question but Dr. Kirkbride is entirely correct in the positions that he takes in those remarks, and he sustains them so well, that we need do no more than refer our readers to the article.

We trust that the profession will use their influence in instructing the public mind on this subject as occasion offers; first, by themselves discarding improper and obsolete terms, as applied to mental disorders, or to institutions for their treatment, and by correcting the misapplication of these terms by the people.

As the ratio of mental disorders to the population seems to be rapidly increasing, and as more rational views of their treatment are prevailing, it follows that increased attention will be given to efforts to cure these affections, and it is exceedingly important that both they and the institutions for their treatment be relieved of terms calculated to convey wrong impressions in regard to them.

Items and Miscellany.

The New York College of Veterinary Surgeons, which was incorporated by the Legislature last winter, have recently taken possession of the new building erected for them on the corner of Twenty-third street and Sixth avenue. The design of this institution is to teach both the theory and practice of medicine for the horse; to afford the facilities of studying the anatomy, physiology, pathology, and diseases of that animal, by means of a museum, dissecting-room, and a lecture-room; to extend the most useful knowledge as regards his management in health, so as to prevent disease; to furnish reliable information as regards the breeding of animals; and lastly, to

have a range of stables to teach, by practical example, how the horse ought to be taken care of. The last census states that there were nearly 600,000 horses in this State, no unimportant part of its wealth, which this institution is calculated to increase, by introducing and extending an improved treatment and management.

The faculty, as at present constituted, are: John Campbell Ralston, V. S. and M. R. C. V. S., the projector of the College, Prof. of Veterinary Theory and Practice; John Busteed, M. S., Prof. of Anatomy and Surgery; R. O. Doremus, M. D., Prof. of Chemistry and Materia Medica.—*Amer. Med. Monthly.*

Thesis for an Honorary Degree.—The *Nashville Journal* says, that a botanic doctor "out west" being desirous, as he expressed it, of practicing "both ways," determined to apply for an honorary degree at a regular college. He was told that he must write a thesis, that the faculty might be able to judge of his preliminary qualifications, when the following was actually produced:

"Ginral simptoms of congistive feavour. small Deprexed pulce, cold Extrematis, cule Dry skin, frecant bateing or palpatiation over the Kidneys or the back or lunges. in this deseaze we sildem ar vomit, the treatemint Must Be agreeabe To the strength and Habit of the patint let yure obgect Bo To oppurate will on the kitney and liver and Blead.

Bilis feavour.

full high pulce pane in the heade and Back Grate sickniss of the stomack chiles Bleade, vommit, and use Carthickes frealy.

fevour and ague.

pane in the head Back and shakink vommit purge dont Bleade. use stimalating stimalating Medison To Brake the ague. use Musturd Plastur.

Plurisee.

Pane in the Right side cough spitting Blood Depresed pulse some feavour and thirst cule feet some Times pane in the head. Bleade frealy use carthickes and Expepturants flaxsead Tea Blistering &C.

inflamatory plurisee.

pane in the Left side palpatiation of the hart high feavour Read spoets on the cheak at Times. theris But little difference between this and what is genarly cald wintur feavour. act on the Liver use Experants flax seade Tea Elum warter Blistur sweating Tea &C. use for Experants 1 Grane quinine 2 Granes Epacack ½ Grane Morphen &C & &C.

. . . . . "

The Scientific American is the best journal of its kind in existence, and does much to popularize science and spread knowledge among those engaged in the mechanic arts, but its habit of giving medical advice and offering "certain cures" for various ailments indicates a ludicrous degree of credulity. Some recently published—such as that asparagus is a certain cure for hydrophobia, cranberries to cure corns, and that the spinal marrow of the ox is an infallible remedy for a felon—are discreditable to a journal claiming the title of "scientific." It should be an object of such a popular periodical to spread, at least, a common-sense view of medical matters; to know that in medicine, as in mechanics, effects cannot be produced without an adequate cause; that inert substances are incapable of producing the miraculous effects often attributed to them; that no specifics can be offered for the ever varying conditions of disease; that the only rational treatment of disease consists in getting rid of its cause, or palliating the symptoms as they appear; and that the eventual cure is not in the remedy, but in the healing power of nature, which, by the scientific administration of the remedy, is placed in a condition most favorable for its action.

The Mad Stone.—Since the absurdities alluded to in the above paragraph were noticed, the most remarkable evidence of ignorance and credulity has appeared in some of the newspapers. We had heard tales of the "mad stone," but supposed it to be a myth, or something which was believed in only in by-gone days, when witchcraft was popular. Now we have a full account of the veritable article, and its miraculous performances. Here it is:

"THE 'MAD STONE.'—A Mr. Mallory and a Mr. Ward, of Marshall county, Ill, were recently bitten by a mad dog. They determined to try the virtues of the 'mad stone.' Mr. Mallory gives the following account of the operation:

"He found the 'mad stone' in the possession of Mr. J. P. Evans, in Lincoln, Logan county, and describes it as a small flesh colored stone, about two inches broad, half an inch thick, and very porous. The stone was first placed in warm water for an hour, and applied to the flesh wound, when it adhered firmly for several hours, all the time apparently drawing with a strong suction the blood from all parts of the body. After remaining on several hours, the stone, as it become charged with the

poison, became of milky whiteness, as also did the flesh immediately about the wound, when, all at once, it fell off, and being placed in warm milk emitted a strong, offensive odor, and gradually discharged its contents into the milk, and assumed its natural color again. It was then applied with the same result several times, until finally it would adhere no longer, and the patient was declared cured."

The students of the medical college connected with Harvard University, partook of a supper at the Revere House, Boston, on the 9th inst., by invitation of the faculty. They assembled there at 8 o'clock, and spent a couple of hours very pleasantly among themselves, and in the society of the professors. The number of students in this school is now 185, being a much larger class than at any former period.

An important libel suit, involving questions of medical ethics, is reported in the papers as in progress in the U. S. District Court, at Providence, R. I. The parties are Dr. Barrows, of that city, and Dr. Carpenter, of Attleboro'. Many leading physicians of Massachusetts and Rhode Island were summoned as witnesses.

Another New Work on Surgery, intended as a text-book, is in preparation by Dr. Blackman, of Cincinnati. Dr. Blackman is already favorably known in medical literature, and the authorship of the work will be a sufficient guarantee of its intrinsic merit.

Yet Another New Medical Journal.—The *Chicago Medical Journal* says, that a new medical journal will soon be issued in Cincinnati, under the editorship of Drs. Lawson and Blackman. That city is at present the pandemonium of quackery, and needs the enlightening influence of the medical press.

Dr. John Green, of Worcester, Mass., has presented to that city his library, now in the possession of the Lyceum and Library Association, for a public library, and the Library and Lyceum Association have made the same disposal of their collection. The library of Dr. Green contains 7,000 volumes, selected with great care, and at a cost of $12,000. That of the Association contains 4,500 volumes.

An extraordinary case of wholesale poisoning has occurred in London. Five boys, three of whom are in custody, stole a quantity of belladonna from a hamper left outside the shop of Messrs. Butler and McCullock, "herbalists," and thinking it was liquorice, mixed it up with water, and sold the liquid to boys "for pins." The thieves tasted the poisonous mixture, and not liking it, they did not drink enough to produce serious results. It was otherwise, however, with some seventeen or eighteen boys, who readily drank it off, and who suffered more or less severely from its effects.

Sorgho or Chinese Sugar Cane is said when used as food for cows to produce immediately a diminution in the amount of milk, and if continued for some time absolute sterility of the animal will result.

Physical Education in the Public Schools.—The Committee of the Board of Controllers of Public Schools of Philadelphia, on the subject of physical education in the grammar schools, have reported in favor of erecting suitable gymnastic apparatus in connection with the school houses. An appropriation for the purpose will be asked.

Dr. Silas Johnson, of Selma, Alabama, has received the appointment to the Professorship of the Surgical Department of the Oglethorpe Medical College, located at Savannah, Geo. We understand he has accepted.

Watering Streets with Hydrochloric Acid.—In a recent article it was stated that hydrochloric acid had been used for laying the dust in the city of Lyons, France, by sprinkling the streets with this acid.

Strong acid would not answer to be used for this purpose, but diluted it may be employed, as it is produced in some cities in Europe in great abundance, and is very cheap, almost worthless. When the streets are macadamized with limestone, the diluted acid will unite with the dust and form hydrochlorate of lime, which is of a very hygrometric character.

The Sewerage of London, which flows into the Thames, would, it is said, effectively manure one million seven hundred and fifty thousand acres annually, if it could be applied to the land.

The Disappearance of the Remains of the Franklin Expedition.—It has been thought remarkable that though the party under Captain McClintock were successful in finding the track of the lost expedition, yet that so few vestiges of the expedition and so few bodies of the lost explorers were discovered. This was accounted for by Captain McClintock in a late address on his successful search, who remarked that as they had probably perished while travelling on the ice during the winter, their bodies and materials of the expedition would have disappeared with the thaw of the ensuing summer.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Georgia*, Dr. O. H. Paull, (with encl.)—*Indiana*, Dr. E. H. Crippen—*Kentucky*, Drs. Stovall and Thompson, (with encl.)—*Mississippi*, Dr. P. B. Scott, (with encl.,) Dr. S. C. Young—*New Jersey*, Dr. Wm. Johnson, Dr. J. T. Calhoun, 2, (with encl.,) Dr. Wm. Elmer, (with encl.)—*Ohio*, Dr. Albert Wilson, (with encl.,) Dr. A. H. Stephens, Mr. John Hulme, 2—*Pennsylvania*, Dr. A. G. Walter, (with encl.)

Office Payments.—Dr. C. C. Phillips, Dr. C. W. Horner, Mr. F. Burmeister, Dr. Lessey, Dr. B. M. Tailor, Dr. Linton, Dr. H. C. Paist, Mr. C. Porter, Dr. F. W. Bower, Dr. M. A. Hanly, Dr. E. Hartshorne.

Dr. C., Essex county, N. J.—1. Persons practicing medicine in New Jersey without license, are liable to a fine of $25 for each prescription.

2. There are two methods of obtaining a license to practice in the State.

3. The best method, and the only one for a physician who respects himself or desires to be respected, is through the State Medical Society. Graduates of the College of Physicians and Surgeons, and of the Medical Department of the University of New York, and of the University of Pennsylvania, Jefferson Medical College, and Pennsylvania Medical College, of Philadelphia, can obtain the license by exhibiting their diplomas to the President, (or other officer or officers of the Society, who will certify the same to the President,) and paying a fee of five dollars. Other candidates must present themselves before the Board of Censors of any county, for examination. The fee in this case is fifteen dollars. In both cases the diploma is issued by the President of the State Society, and the fees go into its treasury. The license must be recorded in the County Clerk's Office.

4. The other method of obtaining license is by presenting to the county clerk an English translation of the diploma of the candidate, and paying a fee of one shilling, (twelve-and-a-half cents—not now a legal tender,) good and lawful money, no more—no less. Among respectable physicians in New Jersey, the latter method is regarded as intended for the special accommodation of quacks of every brood. Mind, we did not say that *all* who enter in that way are quacks, only strongly intimated that they are in very bad company.

We trust that you will obtain the State license from the President, join your District Society, (and no District Society should receive into membership a physician who does not possess the State license,) and exert your influence in elevating the profession of your neighborhood.

Dr. J. S., New Jersey.—The "market" for epidemics is dull, the importations the past season having been light. The duties being cent per cent. amount almost to a prohibition. Indeed, these are generally regarded as smuggled commodities, the operations in them usually being sly. We trust that so far as foreign importations are concerned, the duties will continue to be protective, as we have generally stock enough of that kind on hand of home manufacture. It must not, however, be concealed that heavy transactions in cholera—a foreign product—are threatened the coming season. This commodity has heretofore eluded our custom houses by entering the country through the Canadas. But we will tell you more about that a year hence! *Vale.*

Dr. L., North Carolina.—We can furnish back volumes of the REPORTER. For terms see notice on the cover.

Collodion.—A correspondent, in reply to our recent remark in this place expressing our slight appreciation of collodion for surgical purposes, says that it is because we have not properly used the article. He advises it to be applied as first suggested by Dr. Goddard, by means of strips of gauze, first to one side of the wound, and then, when dry, the edges being firmly held together, drawn across the wound and similarly applied on the other side. We were well acquainted with this method, which when even effectually accomplished, has no advantage over the isinglass plaster, and is much less convenient. It is essential to the adhesion of the collodion that the part be entirely free from moisture, which is a condition almost impossible where there is the least hemorrhage, or where the sponge and water are used. Besides this, its irritating qualities make it inapplicable to raw surfaces.

We will not condemn collodion as useless in surgery, but after much experimental experience with it when it was first introduced to surgical use, which was about the year 1848, we think that it has at least no advantage over the dressings for wounds ordinarily in use.

B. A., Ill.—Burnett's disinfecting fluid is a solution of the chloride of zinc.

Back Numbers sent to Dr. J. H. Williamson, *N. C.*, Dr. O. H. Paull, *Geo.*, Dr. S. P. Chase, *Ohio.*

Missing Numbers sent to Drs. Geo. Caulier, *S. C.*, Drs. W. W. Wick. E. Keeley, and B. D. F. Baird, *Penna.*, Dr. S C. Young, *Miss.*, Dr. L. D. Tompkins, *Mich.*, Dr. G. F. Bacon, *N. Y.*

DEATHS.

METTAUER—On the 6th December, at the residence of Major James S. Pearson, in Halifax county, N. C., Mrs. Epuhan W. Mettauer, wife of the late Dr. Francis J. Mettauer, of Virginia.

CALDWELL—Died, December 1, 1859, at Lewisburg, Greenbrier co., Va., Dr. H. C. Caldwell, Passed Assistant Surgeon U. S. Navy, aged 28 years and 6 months.

In the spring of 1852, he graduated in the medical department of the University of Virginia, and a year later, in that of the University of Pennsylvania. Having been examined and recommended for appointment in the medical staff of the Navy by the Board of Naval Medical Examiners of March, 1853, he was commissioned as an assistant surgeon in October of the same year.

He served at sea, on board of the U. S. Razee Independence, and the sloops Savannah and Plymouth, during more than four years of the six he had been in the navy, at the time of his death.

In April, 1857, while serving on board of the U. S. ship Independence, then at Panama, Dr. Caldwell, accompanied by one seaman only, sought for an inter-oceanic canal route through the isthmus of Darien. After spending a week in the search he returned safely, impressed by his observations that there is a practical canal route discoverable in the direction which he pursued. The newspapers of the period contained notices of his exploration.

Dr. Caldwell was accurate, pains-taking and zealous in the pursuit of knowledge, and in every respect a christian gentleman. He possessed unusual excellence of head and heart, and had his earthly career been prolonged, he would have been known generally in the profession among the best qualified in its ranks.

R.

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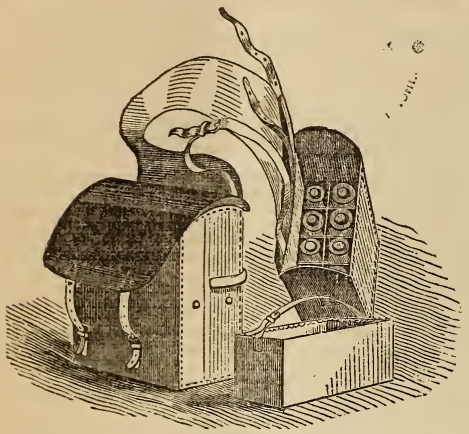

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" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$19 00
No. 2, containing	21	1 oz.	Ground Stop.	Bottles,		
" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$15 50
No. 3, containing	18	1 oz.	Ground Stop.	Bottles,		
" "	10	½ oz.	"	"	and	
" "	4	Pots,	"	"		$12 00
No. 4, containing	20	1½ oz.	Ground Stop.	Bottles	and	
" "	2	Pots,	"	"		$8 50
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" "	18	1 oz.	"	"		
" "	18	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,		
" "	14	1 oz.	"	"		
" "	14	½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$16 50
No. 3, containing	14	1 oz.	Ground Stop.	Bottles,		
" "	14	1½ oz.	"	"	and	
" "	4	Pots,	"	"		$13 00

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 166. } PHILADELPHIA, DECEMBER 24, 1859. { NEW SERIES VOL. III. NO. 13

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 19.

NASAL REGION, (continued.)—Communicating with the middle meatus is a large chamber, which occupies the interior of the upper maxillary bone—the antrum or maxillary sinus. The communicating orifice is closed in by the ethmoid, inferior turbinated and palate bones, which, when covered by the soft parts, is reduced to the dimensions of quite a small opening, oftentimes a narrow slit, with valvular edges, and is situated where the posterior and middle third of the meatus join. This maxillary cavity is pyramidal in its shape, and surrounded on all sides by bony walls: in front, by the facial surface of the upper jaw; posteriorly, by its tuberosity or zygomatic surface; superiorly, by its orbital plate; below, by the alveolar process, and on the inner or nasal surface, by the palate, inferior spongy and ethmoid bones. The relative strength of its different walls vary greatly in different subjects, but probably, in the majority of cases, the orbital and nasal offer the least resistance.

When viewed from the interior, two or three little projections will be seen on its lower wall or floor, made by the alveolar cavities, which accommodate the roots of the last two molar teeth.

The antrum is lined by an extension of the nasal mucous membrane.

Bloodvessels.—Its bloodvessels are derived from the superior dental arteries, which come from the internal maxillary.

Nerves.—They are the superior dental branches of the fifth pair. A canal, more or less perfect in the orbital palate, conducts the infra-orbital branch of the superior maxillary nerve to the face. The facial surface of the bone is overlaid by the skin, fascia, fat and muscles of the cheek, in front of the masseter muscle, and above the angle of the mouth. The inner side of the cheek is attached to the base of the alveolar process by the reflection of the mucous membrane of the mouth.

In front of the opening of the maxillary sinus into the middle meatus, and something nearer its anterior part, a smaller one is situated, which leads into the anterior group of ethmoid cells, and into the frontal sinuses.

Inferior Meatus.—On the outer wall of this space, very near to its anterior extremity, the tear duct opens, frequently partially concealed by a duplicature of the mucous membrane.

Practical Remarks.—The existence of an aperture at the anterior part of the middle meatus, communicating with the ethmoidal and frontal cells, renders it possible to introduce a small tube, through which liquids might be forced into their interior, should this become necessary in their diseases. To accomplish this, no very specific directions can be given, other than those already noticed in a former paper, with a view to reach the meatus, in the anterior third of which it is situated, which once accomplished, by gentle and patient manipulations against its outer wall, the end may be attained—I may say by a happy

accident. The same may be affirmed of the entrance to the antrum, situated a short distance further back, in the same meatus. When its slit-like opening—often guarded by thick valvular edges, sometimes displaced or even obliterated by disease—is considered, the passage of an instrument, as in catheterism, must undoubtedly be a very uncertain, and in many cases, an impracticable operation. It is probably not saying too much to assert that, in many of the cases reported, the instrument has made for itself an opening into the sinus, rather than entering by the natural one.

The lining of the antrum, retaining many of the anatomical characteristics of the mucous membrane of the nose, presents us with morbid conditions closely allied to those of the latter cavity. Thus there is maxillary catarrh, commencing probably as a nasal catarrh, and reaching the former chamber by membranous continuity. So there often exist papillary vegetations, analogous to those seen upon the surface of the Schneiderian membrane. It may become blocked up by mucus, or a polypus may spring from its interior.

Growths, both of a benignant and malignant character, originate within its walls, in many cases from its periosteal layer, and liquid accumulations fill it up so as to form a maxillary dropsy. Its close proximity to the roots of the molar teeth and the internal olfactory region, would seem to suggest that many of its pathological conditions may be determined by dental or nasal disease.

The thin structure of its walls very soon yield to interior formations, and as the nasal and orbital are the weakest, the first intimation of disease will probably be disclosed by obstruction of the nasal fossa, or slight displacement of the eye. Afterwards the face may become prominent, the teeth forced down, and even the palatine arch, as will be discovered by looking into the mouth.

The neuralgic suffering which often accompanies such interior growths is easily explained, when the branches of the fifth pair, which pass beneath its lining membrane, and through the infra orbital canal above, are considered.

The prominences made by the pangs of the molar teeth upon its floor, show how easily the cavity of the sinus may be opened in their abstraction, and the facility with which it may be tapped. The root of the second molar bears the nearest relation to the cavity, and is the one, therefore, which should be selected for removal, when it is desired to penetrate the antrum.

As the cheek is connected to the upper jaw by the mucous membrane of the mouth, on a line with the base of the alveolar processes, the antrum may be entered by simply detaching the cheek on the inside for a little distance, and applying the crown of a small trephine over its anterior wall.

The tear duct communicating with the lower meatus is lined by another extension of the lining membrane of the nose. Its position near the anterior extremity of this meatus, on its outer wall, renders it more accessible than the several orifices which have been described in the other parts of the fossæ. Instruments may be introduced with tolerable certainty for either dilating the canal, or washing it out, by conducting them along the angle of union between the floor and outer wall of the inferior meatus, until fairly beneath the anterior extremity of the inferior spongy bone, when, by gently maneuvering, it can be inserted. There are, however, many cases in which the opening is a mere fissure, and so defended by a fold of the mucous membrane as to defeat all attempts to accomplish an entrance. If the condition presented by the dead subject is a fair one from which to draw a conclusion, it will certainly justify us in saying that, in a very great many instances, even this operation cannot be calculated upon with any degree of certainty.

The mucous lining of the duct, being continued up to the eye, will explain the injected and inflamed condition of the conjunctiva, which frequently accompanies irritation of the nasal membrane; and as the fifth pair of nerves supply both the lachrymal glands, the tear duct and Schneideran membrane of the nose, we can comprehend the watery eyes and profuse flow of tears which may be induced by any stimulus applied to the latter.

Case of Albuminuria.

By R. S. Myers, M. D.,
Of Prospect, Pa.

On the 25th of last June, I was very hastily summoned to visit Mr. R., aged 50 years. I found my patient laboring under excruciating pain, produced by what he considered an attack of gravel. I immediately entered into an examination of the symptoms of the case, and ascertained that my patient suffered under very severe pains in the loins, which he described as *lancinating*, *tearing*, etc. Micturition was not very frequent, but exceedingly painful. The urine was voided in considerable quantities at a time, and not unfrequently slightly impregnated with bloody mucus. The urine, under the application of tests, appeared to be highly albuminous, and, after standing ten or twelve hours, became considerably coagulated, and when shaken for a few minutes, had a peculiar frothy appearance in consequence of the abundant presence of albumen. The urine varied much in its color, but was mostly opalescent, and upon standing, deposited a small quantity of phosphatic salts; its specific gravity, 1.020. In connection with the above symptoms, more or less fever accompanied the affection, which was ushered in with a slight chill. The abdomen was tender to the touch, but no edematous effusion supervened throughout the whole attack, which occurred to me as rather peculiar. After cautiously investigating the symptoms of the case, my diagnosis was comparatively easy. I felt, however, somewhat surprised at the entire absence of the host of associated disorders so frequent in this disease. I informed my patient, therefore, that he was not laboring under lithiasis, as he supposed, but evidently affected with acute albuminuria, the nature of which I endeavored to explain to him.

The treatment consisted first in general depletion. The blood drawn from the arm coagulated; by heat the proportion of red corpuscles were not altered nor diminished. I followed general bleeding by cups to the loins, which I succeeded by an emollient cataplasm; for the feverish excitement I prescribed ant. et pot. tart., gr. $\frac{1}{8}$, every third hour, in solution. After, the excitement being somewhat reduced, I ordered the vapor bath, with pulv. ipicac. et opii., at night. After the fever was subdued, and as he was laboring under considerable torpidity of the bowels, I gave him

℞. Hyd. chlor. mit.
Pulv. jalapæ, āā gr. x. M.

This acted as a brisk cathartic, and I afterwards kept his bowels in a soluable condition, by administering the bitart. potassæ. The diet in the meantime was strictly antiphlogistic.

Notwithstanding this treatment, the renal disease remained entirely unabated. I next established counter-irritation in the region of the kidneys, by means of croton oil, tartar emetic, etc. After which I resorted to numerous other remedies, such as turpentine, uva ursi, pipsissewa, copaiba, squill, etc., but the condition of my patient was not ameliorated in the least; and as I gradually beheld my patient becoming feeble and enemic, sinking and verging nearer the grave each day, I was almost led to exclaim—

"Throw physic to the dogs—I'll none of it!"

At this stage of his disease, his system became much impoverished. There being little or no acute inflammation present, I resorted to such measures as were deemed best calculated to support the strength of the patient. I therefore, with a view of improving the blood, placed him upon the chalybeates, and some of the mineral acids, especially the nitro-muriatic, in connection with a good, nutritious diet. My patient sunk, however, daily, and on the twenty-sixth day after he took the attack, he fell into a comatose condition, and remained so eight hours, and expired, all restorative measures being in the case unavailable. After his death, I requested a post mortem examination, which, after some hesitation on the part of the family, was finally granted. Upon dissection, the kidneys were found somewhat indurated, and nearly of the natural size, being a little larger. When laid open, the epithelial cells were slightly distended and filled by the deposition of oil globules. On the cortical

portion desquamative inflammation was perceptible. The Malpighian corpuscles were considerably congested. The case was therefore one of fatty degeneration, co-existing with desquamative inflammation of the kidneys.

The peculiarities of the case are—1st. The entire absence of the associated disorders which almost always accompany this disease, the spleen, lungs, liver, and intestines being in a perfectly normal and healthy condition. The coats of the bladder were slightly thickened. 2d. The unsusceptibility of the patient's system to be brought under the influence of the remedies prescribed. 3d. The comparatively small amount of disease, with a result so rapidly fatal.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DECEMBER 10TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Pharyngitis.—This woman has had difficulty of swallowing for two months. Her fauces and pharynx are inflamed. The affection may be distinguished by the huskiness of her voice, from laryngitis, in which the voice is stridulous.

Treatment.—She has improved under the application of nitrate of silver. The only proper mode of using this, is a 40 grain solution, applied with a pencil or sponge. This never does mischief. I prefer a pencil of large size; but the parts should not be painted excessively. A light touching once a day for six or eight days, after that less frequent applications, will be sufficient. Some benefit may be derived from chewing mucilaginous substances, as gum, quince seeds, or slippery elm.

I sometimes direct gargles, to the exclusion of nitrate of silver; and with these, as with other remedies, often the best are the simplest. Alum dissolved in water is as good as any other. Salt and water, applied to the chest and throat, with friction, is a very efficacious remedy. It acts as a counter-irritant.

As to diet, the patient should abstain from articles which are stimulating to the throat. It would be absurd to break down his strength by a low diet.

Pharyngitis is capable of being perfectly cured only *slowly*. It often returns after treatment, becoming less and less severe; and in two or three years may be cured entirely. Those who have the throat well protected, are not subject to this disease. Of all professional men, clergymen are most liable to it; indeed, it goes by the name of the "clergyman's sore-throat." It does not arise from excessive use of the voice in public speakers, for lawyers, who exercise the voice perhaps as much as clergymen, are comparatively exempt. The position assumed in reading, bending over a sermon or prayer book, alternating with an upright position, exposes the throat to a change of temperature, and predisposes to this disease. I have observed that it is most common in those denominations in which custom or necessity requires this constrained and improper posture in speaking.

Rheumatism.—This patient contracted the disease by sleeping in a damp room. It was developed first in his feet; now his arms are most painful. He has some pain over the region of his heart; pulse full and frequent; respiration not affected. The patient was considered as doing well, and little medication was necessary. He had taken a saline purgative at first, and was given now 5 grains Dover's powder every four hours. A dose of magnesia would be administered the next day. It was desirable to cause the patient as little suffering from motion as possible. Scudamore's mixture obliged him to get up frequently.

Progress of Cases.—(See REPORTER, page 265.)—*Pneumonia.*—This patient, 42 years of age, it will be remembered, had pneumonia in the lower lobe of the right lung. It has now existed six days, in a mild form; he is already beginning to improve. The expectoration has become muco-purulent, and is more abundant. His skin is moist and warm, and his respiration decidedly less frequent; pulse about 80, possesses the bisferiens character which we often find, at the close of disorders, when inflammation or fever has ceased Some dullness, crepitant rhonchus, and rude respiration are still perceptible in the lower lobe.

The *treatment*, as detailed on the last day—tartar emetic, Dover's powder, etc.,—has been continued. The diet is light. If the disease should persist, a blister will be applied. This should be used in the sthenic variety of pneumonia, and in slow convalescence.

Rheumatism with Pneumonia, (see REPORTER, page 265.)—Dec. 10th. Dr. Gerhard again brought this case to the notice of the class. The patient was a young woman, in whom acute rheumatism was complicated with inflammation of the heart and lungs. She was still too debilitated to be brought into the amphitheatre.

Dr. G. remarked upon the treatment of her case: The calomel, which had been given in half grain doses every two hours, had produced slight ptyalism. It was, therefore, discontinued one day, and then renewed in the same dose once a day. She had continued the opium and ipecac ; the latter had been increased to two-thirds of a grain every two hours, without producing nausea. The patient has improved under this treatment. Her skin is of more uniform temperature, and moist. This, in acute inflammations, is a favorable symptom. Her countenance is of better color. Her cheeks had been of a deep red tinge; when we find this, we may conclude that we have pneumonia in a severe form. If the patient be anæmic before the acute disorder comes on, we may not expect the flush. The diminution in the frequency of respiration and the appearance of pus in the expectoration, were looked upon as favorable signs. Her pulse is still frequent, but irregular. There is an intense rasping sound of the heart. A slight intercurrent diarrhœa was to be ascribed to the medication rather than to her disease. He desired to impress upon the class the necessity of stimulants ; wine whey, carb. of ammonia, and essence of beef, had been constantly required. The patient was, on the whole, a great deal better.

Dec. 17th. Patient again brought before the class, greatly improved. The pneumonia had run its usual course. Its subsidence was indicated by the appearance of muco purulent expectoration several days ago, and now by the return of vesicular respiration in the upper portions of the lungs, and the appearance of crepitant rhonchus, which occurs always at the close of pneumonia. She had had double pneumonia from the beginning, but it had attacked particularly the left lung. Generally the lung last affected has a less severe and more transitory inflammation.

There is also diminution of the heart disease; her pulse is now soft; at one time it became feeble, and the quantity of wine was increased. The rheumatic inflammation still remains, to some degree. Same *treatment* continued.

Several cases of Pleurisy were introduced by Dr. G., mostly chronic, and of the double variety. It is in these cases, where the disease is developed first on one side then on the other, that we often find phthisis occurring. Pleurisy is a disease which never kills of itself, and is more to be studied toward its close, than at its beginning. It requires attention a good while. We have not only to cure the disease, but to watch its effects. The best treatment for the chronic disease, is a diluted warming plaster. The occurrence of phthisis might be prevented by exercise and anti-tuberculous remedies. One or two of these patients exhibits symptoms of inclination to phthisis, and they have been put on the use of cod-liver oil, quinine, and iron.

DECEMBER 14TH.

Pleuritic Effusions.—(See REPORTER, page 265.)—This patient came into the house with a pericarditis, which was considered as resulting from an attack of yellow fever. There is now scarcely a sign of the heart disease remaining; but his illness has increased, and pleurisy of the left side, with considerable effusion, is indicated both by rational and physical signs. There is pain in the left side; his cough is pleuritic, that is, it is not occasioned by the necessity of expectoration; it is dependent more on a sensation of oppression, a feeling of uneasiness about the chest, and is mainly produced by an effort of will—a conviction that something is wrong in the chest, and an effort to throw it off. The skin is of good temperature; pulse feeble, and possessing the bisferiens character; no great difficulty of respiration.

Inspection.—Left side of the chest somewhat distended.

Percussion indicates a large effusion, most probably of a thin, serous character, because his swollen face and feet indicates a tendency to serous effusions. In such cases, as in hydrothorax, we should expect to find the heart pushed over toward the right side, and we here find the cardiac dullness to extend an inch from the right margin of the sternum.

Auscultation confirms what the other signs have indicated: puerile respiration of the *right* side; except at the summit, scarcely a trace of vesicular respiration in the *left* lung; bronchial respiration at the middle, and below, a very slight friction sound which would be overlooked by one not accustomed to look for it.

Treatment.—The feebleness of the patient indicates stimulants. He has been put on the use of wine whey, essence of beef, and two grains of quinine, three times a day. Blisters have been applied to his chest. These will be repeated, and the quantity of wine and sulphate of quinia increased, as the debility of the patient seems to demand increased stimulants.

Hypertrophy of the Heart.—This patient, a young man, comes in with a downcast aspect. He has a functional disease of the heart, with hypertrophy also. He is pale and anæmic. His symptoms are partially due to a bad habit to which he is addicted. Although his heart beats with a good deal of force, we should not dose him with digitalis. If a patient is pallid, thin, and disposed to dropsical effusions—even if he has hypertrophy of the heart—we should

not use a debilitating treatment. With this patient we are pursuing a tonic treatment, of quinia and iron.

Asthma.—Two patients were brought before the class. Both presented the same physical signs, an emphysematous percussion, and sonorous and sibilant rhonchi. The first, a male patient, had been on the use of lobelia and copaiba. These had disturbed the stomach, and for the last few days nothing had been given. His breathing has become more oppressed, from a change in the weather, and a blister was directed to be applied to the upper part of his chest, and dry cups would be continued to the back.

The second, a female, was imperfectly cured last spring. She is now very short breathed at night. She was directed to smoke a few grains of dried stramonium leaves, and to inhale strongly through a quill filled with broken camphor; paper saturated with nitre, also to be burnt in her room.

EDITORIAL DEPARTMENT.

Periscope.

Statistics of the Establishments for the Insane in France, from 1842 *to* 1853, *inclusive.* By M. LEGOYT.—The task of condensing this work of M. Legoyt, itself one of close calculation and figures, is not an easy one, and hence we ought to be grateful to M. Brierre de Boismont for having performed it in the *Annales d'Hygiéne Publique et de Medecine Légale*, (January, 1859.) Our satisfaction in reading this digest is, however, somewhat abated by the reflection that our limited space precludes its entire transfer, in an English dress, to our columns. As it is, our dottings will not, we believe, prove unacceptable to our readers.

On the 31st of December, 1853, the number of establishments in France devoted to the use of the insane amounted to one hundred and eleven, of which 65 were public and 46 private. Of these 111 asylums, 11 were appropriated to persons of the male sex and 17 to females. Both sexes were received in 83 asylums. There are still twenty-five departments in which there is no provision made for the insane. In 1835, for the first time, a record was made of all the insane who were then under treatment, and it has been continued regularly ever since, or to the year 1854. It appears from these returns that, with the exception of the cholera year, 1849, there has been a uniform increase in the number of this class of subjects, rising from 10,549 in the former year, to 24,524 in the latter, or more than duplicated in this period. The rate of increase was 1.33 per cent. Between 1842 and 1854, the proportion of the sexes was 9,314 males and 10,477 females. The difference is explained, not on the ground of there being a greater predisposition to insanity among individuals of the other sex, but because the stay of men in the asylums is of shorter duration than that of the women, and also because the number of deaths are greater among the latter than the former.

The proportion of the insane under treatment to the entire population of France, on the first of January, 1851, was one in 1,676, whereas in 1836 it was one in 3,024, showing a marked actual and relative progression during a period of sixteen years. The increase in the population of France was 6.68 per cent., while that of the insane for the same time was 92.52 per cent., or nearly fourteen times as great. The number under treatment in asylums conveys an imperfect idea of the entire number of the insane. It was ascertained in the census of 1854, that there were 24,433 persons at their own residences, deprived of their reason, which would make a grand total of 44,970 insane, being 1.25 in 1,000, or 1 in 796 of persons thus afflicted. Similar researches made in England have revealed the fact that more than half the entire number of the insane are deprived of the aid which is required by their condition. As might be supposed, those departments of France which have insane asylums are those which exhibit the largest number of insane in their houses. The annual rate of admissions has exceeded that of discharges by 766.

As relates to the movement among inmates of the insane asylums, we learn that, of 95,169 persons who were admitted into them between 1842 and 1853, inclusive, 52,874 have been discharged, and 12,099 died; making an unusual average of 7,847 admissions, 4,406 discharges, 2,775 deaths, or 11 admissions to 10 discharges and deaths united. Of 1,000 admissions there were, on an average, 533 males and 467 females; and in 1,000 deaths there were 541 males and 459 females, consequently, of equal numbers admitted, the deaths among the men exceed considerably those among the women, a fact which, as well as the longer stay of these latter in an asylum, already mentioned, explains the predominance of females over those of the other

sex in the statistics of the population of insane asylums.

The increase in the number of admissions may be explained by reference to other influences than those of a physiological nature. In the first place, we must bear in mind the creation of new asylums, then the amelioration in the internal management of these establishments, the improvement in the moral treatment, the reputation of the physicians, prejudices against insanity, the moderate charge for board and lodging, the rapidity of intercommunications, and the gratuitous assistance rendered the indigent. Let us acknowledge, also, that wherever the human brain is incessantly called into play, we are sure to find an increase in the number of the insane; and hence, in France, in England, and in the United States, where the physiological causes are greatly multiplied, the number of the insane is considerable; whereas, in Italy and Spain the proportion is much less; and in Turkey and Asia it is quite small. Of the predominance of moral over physical causes, M. Brierre de Boismont entertains no doubt. But to be assured of this, we must obtain from the families interested in the cases their secret, which they conceal with infinite care. It is not by occasional intercourse that we can learn such avowals, as, for example, the following: "I have been faithless to my duty as a wife." "My brother-in-law seduced me." "My husband has basely deceived me." "We have made illicit gains." "We have perjured ourselves." "I seduced the sister of an intimate friend, and he has just died under my eyes," &c., &c. By the avowal of Mr. Legoyt, there are thousands of insane who do not come under treatment; and I may add, says the French reviewer, whom we are still quoting, that many others of this class are carefully concealed. Finally, the alliances by marriage between blood relations, tends unceasingly to extend the disease.

The differences in the number of insane, of the two sexes, have been already adverted to. It has been computed, in the quinquennial period from 1849 to 1853, that out of 3,864 males, there is one insane; and out of 4,473 females, there is one similarly affected. As relates to age, M. Legoyt finds that women between fifty and sixty years of age become more frequently insane than men in the same period. This he attributes to the turn of life, or the critical epoch in the former. It is worthy of remark, that celibacy yields a much larger proportion of insane persons than matrimony. The rate in the two sexes, collectively, is 64.80 in a hundred, whilst in the gross amount of the population over fifteen years of age, we find only 36.74 per cent. of unmarried persons.

The statistics of insanity in France must give rise to gloomy reflections among all those classes of men whose minds are in continued and often strained exercise, for the cure of the bodies and souls, and the protection of the persons and property, and ministering to the tastes and sensuousness of the people at large. Beginning with the last, it has been ascertained that artists furnish a proportion eight times greater than owners and renters of property, lawyers seven times more, and ecclesiastics and physicians four times more. In these five categories united, there is one insane case under treatment for every 205 inhabitants, while in the entire population the proportion is 1 in 1294.

We must here suspend the further analysis of M. Legoyt's work, and part with M. Brierre de Boismont at the same time; but with the hope of being able to resume the subject, and speak of the received causes, moral and physical, of insanity, the differences, in this respect, between town and country, the proportion of cures, relapses and mortality. Administrative matters, including the construction and arrangement of insane asylums, and the cost of support of their inmates, would also come within the scope of our notice.

French Opium.—M. Roux closed a paper read to the French Academy of Sciences, on opium indigenous in France, by the following conclusions:

1. The East India poppy furnishes a considerable proportion of opium and of seeds; the cultivation of this vigorous and remarkable species ought to be tried in those departments in which the extraction of the white oil is conducted on a large scale. This plant is easily acclimated in France. When sown in the month of October, 1857, it succeeded perfectly, and the young plants bore, without injury the winter of 1857–8, the temperature of which was as low as 14 or 18 degrees F. below freezing point. This cold did not affect in any greater degree either the white or the red poppy, which was sown at the same time and the same soil as the East India poppy.

2. The pink poppy, the blind and the red pink, are the species which furnish the best opium.

3. The juice procured from these poppies yields more morphia than the opium of commerce.

4. The pink, the blind pink, the Indian poppy and the red poppy, can be cultivated in most of the departments of France.

M. Roux anticipates much benefit from the use of indigenous opium for medicinal purposes. It has been already administered successfully at his instance, by M. Duval, Chief Naval Surgeon at Brest.

Neuroma.—At the Meeting of the Pathological Society of London, Nov. 15th, (*Med. Times and Gazette,*) Mr. Shillitoe exhibited a specimen of neuroma he had removed from the musculo-spiral nerve of the left arm of a lady, aged 30 years. It appeared to have been caused by a blow ten years ago. When first noticed it was about the size of a small nut; iodine paint was freely applied, and for some years it did not increase, but during the last two years it had done so rapidly. At the commencement there was no pain, though it was always tender to the touch; recently there has been a good deal of throbbing pain, and it has caused weakness of the arm. At the time of its removal it was about the size of a billiard-ball, and on section it was found to enclose a large cyst, filled with a sero-sanguineous fluid, and clots of blood. The tumor was surrounded by a thin fibrous envelope, continuous with the sheath of the nerve; it appeared to have grown from the upper and outer aspect of the nerve. The trunk of the nerve divided into two parts, which passed on different sides of the mass, and again united on leaving it. The one part is easily separated from the tumor, but the other dips deeply into its substance, and a good deal of it seems to be lost in it. On the microscopical examination the tumor was found to consist chiefly of fibro-cellular tissue, with abundance of small rounded nuclei, and a few oval and oat-shaped ones.

Mr. FERGUSSON related a case in which he had removed a neuroma connected with the external popliteal nerve. The tumor afterwards proved to have been unconnected with this nerve, the latter being merely spread over it. In a subsequent case of neuroma of one of the nerves of the bronchial plexus he succeeded in removing the tumor without the nerve.

Liquor Ferri Chloridi in Asiatic Cholera.—In a recent number of the *Deutsche Klinik*, a communication of Dr. Buchheister, of Hamburg, merits attention; a number of cases are adduced, to illustrate the remedial powers of the above martial preparation in cholera asiatica.

The treatment is conducted on general principles. During the stage of depression the carbonate of ammonia, camphor, sinapisms, &c., are used, and then the liquor ferri chloridi, given half-hourly, in doses of *two drops*, as the more serious symptoms of the disease become apparent, with an almost invariably favorable result.

Influence of the Nervus Vagus upon Respiration.—Professor Budge has experimented upon the effect of irritation of the pneumogastric nerve, in inferior animals, and has arrived at the following conclusions.

1. That in, at or near (the description is not as accurate as might be) the origin of the nerve, there are two nerve centres.

2. The one controls inspiration; the other expiration.

3. By irritation of these centres respectively, the respiratory movements are either excited or arrested. If the one centre on each side is destroyed, death results from the cessation of the respiratory movements; if the other, the expansion and contraction of the lungs occur so energetically, that emphysema, and even tearing of the lung-structure ensues.

Abortive treatment of Typhus Fever.—The *Nashville Medical Record* translates from the *Gazette Médicale*, a proposition by Dr. A. Kortum for the abortive treatment of typhus fever. The means proposed by the author consist in the application of a lotion composed of a solution of chloride of calcium, four grammes [about ʒj] to five hundred grammes [about ʒxvi] of water. The body is sponged with this lotion three times daily, and besides, there is kept applied to the abdomen a folded cloth saturated with the liquid.

The observations upon which the author bases his proposition show that he has treated perfectly characterized typhus fever, the progress of which has been arrested, and the cure effected much sooner than if allowed its habitual course. The author regards the skin as the principal seat of the poisonous matter that characterizes typhus, and he believes that it is in the capillaries of the skin that the blood becomes charged with this virus, from which it is disseminated into the system. According to this view, the chloride of calcium neutralizes the poison. The author concludes by en-

treating his medical confrères to employ this mode of treatment, and make known the result.

Tannin in Albuminous Anasarca.—The following are M. Garnier's conclusions, as published in the *Med. Times and Gazette*:—

1. Tannin in the dose of ʒss. to ʒj. per diem cures anasarca, or œdema when passively developed and coinciding with albuminous urine.

2. Its curative action is manifested by the abundant flow of urine, which gradually assumes its normal characters by transpiration, easy alvine evacuations, recovery of appetite, etc.

3. These signs of its action appear after the second day of its administration.

4. Given in solution in doses of from gr. iij. to gr. vij. at a time, it produces no disturbance of the digestive organs.

5. Its action seems to be primarily exerted on the fluids of the economy, coagulating and plastifying their albuminous principles. Its action on the solids seems to be consecutive, tonic, and astringent.

At the October meeting of the Buffalo Medical Association, as reported by Dr. W. H. Butler in the *N. Y. Review*, Dr. Rochester reported the successful treatment of albuminuria and dropsy following scarlet fever by tannin, in three cases in which he had tried it. The first two cases were children; both had convulsions and dropsy. He had first placed them on chlorate of potash and bark, then on iron, with no decided advantage. The quantity of tannin given was three grains at a dose, dissolved in glycerine and water. The urine in these cases was small in quantity, but contained a large amount of albumen.

Umbilical Hemorrhage in the New-Born.—Dr. Thos. F. Rochester reports to the Buffalo Medical Association, (*N. Y. Review*,) a case of successful treatment of this intractable affection, by the application of a solution of the perchloride of iron. The bleeding commenced on the third day, from the upper eyelid, near the inner canthus of the eye, and from the umbilicus. The child was large, weighing eleven pounds, and the forceps were used; but no injury resulted from their use, and the spot from which the blood flowed, near the eye, was entirely out of their reach. Nothing is said of the hygienic condition of the mother.

The Prevalence of Syphilis.—The following, from a correspondent of the *Lancet*, a surgeon who has by no means a large practice, and who is surrounded by numerous other practitioners, exhibits a state of morality that is truly alarming. We fear that if the same thing were done here, it would be found that we have not much to boast of. Let it be borne in mind that this is the statement for *only one week!*

MALES.

C., aged 26 years, engineer; chancre upon glans corona.
H., " 28 " gentleman; chancre upon prepuce.
S., " 28 " lighterman; chancre upon pubes and dorsum of penis.
F., " 29 " groom; syphilitic ulceration of throat.
R., " 30 " lighterman; syphilitic ulceration of throat.
D., " 28 " engineer; chancre on prepuce.
T., " 23 " clerk; gonorrhœa.
O., " 29 " carpenter; "
S., " 28 " engineer; "
W., " 25 " clerk; "
S., " 25 " " "
D., " 36 " clerk; gonorrhœal rheumatism.
E., " 40 " tailor; gonorrhœa and stricture.

FEMALES.

B., " 39 " cowkeeper; tertiary, with nodes on right shin and hollow of instep.
H., " 36 " shopkeeper; secondary eruptions.
F., " 22 " seamstress; chancre on labiæ, secondary on bend of forearm, and ulcerated throat.
R., " 36 " engineer's wife; syphilitic ulceration of os uteri, labiæ and anus.
L., " 40 " laborer's wife; disease of bones of the head.
F., " 28 " barmaid; syphilitic eruption of left leg.
H., " 9 months; syphilitic eruption on nates.
S., " 24 years, shopkeeper; venereal sore throat.
B., " 24 " soldier's wife; gonorrhœa.

Case of Extensive Wound of Abdomen during Pregnancy. By S. H. LUCE, M. D.—*Transac. Ill. State Med. Soc.*—Summoned in haste to see Mrs. J. B. F., who is said to be nearly killed from the hooking of a cow. Arriving, found the woman in a bed in the house, whence she had been carried from the yard, where she had gone to milk.

On examination, found a wound extending across the lower part of the abdomen, from one iliac region to the other, eleven inches in length, with a large quantity of intestines protruding; a much more formidable wound than I was anticipating, but the patient was calm, and seemingly very comfortable.

After making a few vain attempts to replace the whole mass of intestines at once, we commenced at one end of the wound, and put stitches at intervals of about an inch and a half, taking no precaution to exclude the peritoneum, but only to take a deep hold with our stitches. We brought the wound together without particular difficulty, fortified our sutures by adhesive strips, dressed the wound with cool water dressings, gave a large dose of morphia, and retired, feeling that we should have the mournful duty of burying our patient and neighbor in a few days, in which we were happily disappointed.

The wound healed tolerably kindly by first intention at several intermediate points, and gradually by granulations, with no untoward symptoms, save a strong disposition to inflammatory action in the right hypochondriac region, terminating in a large abscess, opening through the wound of one of the sutures, about six weeks from the first injury. It, however, produced little constitutional disturbance, and at the end of two months I ceased my attention to her until fourteen weeks from the time of the accident, when she was confined, having a natural labor, and a reasonably vigorous and healthy child, with no unusual circumstances attending her getting up; thus favorably terminating a period for which we had some apprehension.

The points of interest in the above case, as I think, are its favorable termination, the little constitutional disturbance after so great an injury, and the manner in which the wound was made, although this is entirely conjectural; but my opinion is, that it was caused by a blow from the side of the cow's horn against the distended abdomen, outside of the clothing, as none of her clothing was torn, and no blood was to be seen on the cow's horn.

There was nothing peculiar in the treatment, except, perhaps, the keeping the patient largely under the influence of morphia the first three days after the injury.

Unaccountable Antipathies.—The following instances of unaccountable antipathies, which the *Nashville Journal of Medicine and Surgery* copies from a recent English work entitled "*Ten Thousand Wonderful Things*," etc., may have come under the notice of our readers before, but we give them in this connected form for easy future reference.

"The following are a few of the more striking manifestations of the unaccountable feeling of antipathy to certain objects, to which so many persons are subject, and with instances of which—in a modified form, perhaps—most people are acquainted:

"Erasmus, though a native of Rotterdam, had such an aversion to fish, that the smell of it threw him into a fever.

"Ambrose Paré mentions a gentleman who never could see an eel without fainting.

"There is an account of another gentleman, who would fall into convulsions at the sight of a carp.

"A lady, a native of France, always fainted on seeing boiled lobsters. Other persons, from the same country, experienced the same inconvenience from the smell of roses, though they were particularly partial to the odor of jonquils or tuberoses.

"Joseph Scaliger and Peter Abono never could drink milk.

"Cardan was particularly disgusted at the sight of eggs.

"Uladislaus, king of Poland, could not bear to see apples.

"If an apple was shown to Chesne, Secretary to Francis, he bled at the nose.

"A gentleman, in the court of the Emperor Ferdinand, would bleed at the nose on hearing the mewing of a cat, however great the distance might be from him.

"Henry III. of France could never sit in a room with a cat.

"The Duke of Schonberg had the same aversion.

"M. de Lancre gives an account of a very sensible man, who was so terrified at seeing a hedgehog, that for two years he imagined his bowels were knawed by such an animal.

"The same author was intimate with a very brave officer, who was so terrified at the sight of a mouse, that he never dared to look at one, unless he had his sword in his hand.

"M. Vangheim, a great huntsman in Han-

over, would faint, or, if he had sufficient time, would run away at the sight of a roasted pig.

"John Rol, a gentleman in Alcantara, would swoon on hearing the word *lana*, wool, pronounced, although his cloak was woolen.

"The philosophical Boyle could not conquer a strong aversion to the sound of water running through a pipe.

"La Mothe Le Vayer could not endure the sound of musical instruments, though he experienced a lively pleasure whenever it thundered.

"The author of the Turkish Spy tells us that he would rather encounter a lion in the deserts of Arabia, provided he had but a sword in his hand, than feel a spider crawling on him in the dark. He observes that there is no reason to be given for these secret dislikes. He humorously attributes them to the doctrine of the transmigration of the soul, and as regarded himself, he supposed he had been a fly, before he came into this body, and that having been frequently persecuted with spiders, he still retains the dread of his old enemy."

Chloroform in Parturition—By Dr. D. W. Young.—(*Transactions Illinois State Medical Society.*)—There are many cases of natural labor, where everything is advancing with proper regularity and reasonable rapidity to a favorable termination, and *especially* where the patients are not suffering much, where I certainly would not advise the administration of chloroform. With a great many females after their first labors, the sufferings incident to parturition is not very severe, and being generally also of but short duration, it is certainly wholly unnecessary to interfere by any artificial means. If I should administer it at all in these cases, I would certainly confine it to the last stage, that of the exit of the child's head over the perineum.

It seems to me that statistics and experience prove, most unmistakably, that choloform is particularly adapted to and indicated in those tedious and protracted cases of labor where the patient's sufferings, on account of their severity and great duration, become almost intolerable; where there is great nervous irritability and sensibility, and consequent danger of ultimate exhaustion and death from the long continued irritation and prostration. In all such cases, I would *most unhesitatingly* advise the *judicious* and *proper* administration of chloroform, as I believe that it can and may be administered in those cases with *perfect safety*, and certainly with great relief to the patient.

I have administered chloroform quite extensively in my obstetric practice for over eight years. In an aggregate of nearly five hundred cases, I have administered it in a majority of them. In all these cases, I am happy to state, that I have yet to meet the first unpleasant symptom following its administration, either to the mothers or their children. I believe that I have given chloroform a thorough, fair, and an impartial trial in parturition, and am pleased and compelled to say, that it has entirely outdone my most sanguine expectations. It has proved a complete success in every instance. I have never yet found an instance where I found it necessary to discontinue its administration after I had commenced its use. Nor have I ever found a single instance where a patient would consent to its discontinuance after commencing its inhalations. The universal cry has been, "*give me more!*" I have administered six ounces of choloroform to one patient in labor in less than six hours, without producing the least unpleasant effect upon either the mother or child.

Sulphuric Ether substituted for Chloroform at Lyons.—The *Med. Times and Gazette* says that "At Lyons, the second city in France, sulphuric ether has almost universally superseded chloroform both in Hospital and private practice; and as the result of a recent discussion at the Medical Society of that town, the following resolutions were passed unanimously: "1. Sulphuric ether employed as an anæsthetic is less dangerous than chloroform, no accident, indeed, having followed its exclusive and abundant employment at Lyons during eight years. 2. Anæsthesia may be as constantly and as completely induced by it as by chloroform. 3. If ether gives rise to inconveniences which are not produced to the same extent by chloroform, these are of little consequence as compared with the dangers inherent to the use of the latter. 4. Ether should, therefore, be preferred to chloroform." It was proposed that the fact of using chloroform should be stigmatized as imprudent; but the Society declined taking this step, contenting itself with declaring that ether fulfils the same indications without incurring its dangers.

Amputation at the hip-joint with successful result has been recently performed on a boy fourteen years of age, by Dr. Buchanan, of the University of Nashville.

Reviews and Book Notices.

The Moral Responsibilities of a Surgeon: Introductory Lecture to the Course on the Principles and Practice of Surgery, Delivered in the University of Pennsylvania, October 10th, 1859. By HENRY H. SMITH, M. D., Professor of Surgery.

The annual repetition of the formality of an introductory lecture by each teacher in an institution, though of questionable necessity, and a consumption of valuable time by an "introductory week," spent in the customary display of eloquence or discussion of professional æsthetics, is still not without its utility in occasionally developing valuable matter.

It is only when the usual range of threadbare subjects, tolerable only to the medical tyro, are departed from, that anything is produced which can interest professional readers.

To the oft-told plaintive tale of the moral responsibilities of the surgeon, the eloquent lecturer has added a practical view of his legal responsibilities. This important subject has attracted, in recent times, earnest attention, on account of some extraordinary litigations, in which it has been variously comprehended, and the peculiar liabilities of the profession to be ensnared in the meshes of the law by the designing.

Jurists have, in cases quoted by the lecturer, stated, through ignorance, the most silly opinions; and juries, swayed by their vulgar prejudices, have rendered the most unjust verdicts.

The address is worthy of something more than the ephemeral destiny of an introductory lecture. We transcribe at random but a scrap of it, in hope of inducing the reader to secure a copy for an interesting and instructive reading:

"The *Legal* practice of surgery requires, therefore, 1st, a sound medical education; 2d, the proper degree of manual dexterity in the application of such means of relief as science has established; and 3d, a devotion of this to the case under treatment. When a surgeon is thus prepared, he may feel himself secure, though he may not be able to prevent litigation.

"The laws of the land, when a man is properly qualified, and has thoroughly performed his duty, are ample to protect him from harm, and maintain him in the estimation of the community, on a pinnacle of fame that corresponds to the amount of his skill, and the success of his efforts to relieve his fellow men. But when not thus qualified, when idle, or led off by pleasure and dissipation, he either fails to obtain his diploma, or having progressed thus far in his education, ceases to advance in accordance with the progress of science and the discoveries of more industrious surgeons; he not only becomes amenable to the penalties of the law, as exhibited in damages, proportioned to the loss that his ignorance has occasioned, but exposes himself to the more odious punishment of imprisonment.

"The general existence of a humane motive so frequently destroys the only ground on which a surgeon could be charged with homicide, that it is seldom or ever suggested.

"The loss of life resulting from an operation, and the consequent loss of the *services* of the patient to some one who, benefited by them, has, however, not unfrequently induced the prosecution of surgeons, by malicious or designing knaves for money, the services of the patient to his or her friends being in such cases wrongfully magnified. One hundred thousand dollars has been claimed[1] as a recompense to an injured husband for the services of a wife, whose accomplishments had previously enabled her to gain about three dollars a week toward his support; whilst the estimate made of a slightly shortened leg has, in some instances, been equal to the wages that the claimant could possibly gain during a lifetime. When surgeons have succeeded in escaping such mercenary prosecutions, their deliverance has been solely due to the establishment of the fact, that they are thoroughly educated; possessed of evident manual skill and dexterity, and employed all means that could tend to expedite the cure."

An Introductory Lecture: Delivered in the Philadelphia School of Anatomy. By D. HAYES AGNEW, M. D., Lecturer on Anatomy, Surgeon to the Philadelphia Hospital, etc. Published by the Class.

The well chosen subject of this address, is the history of the several anatomical and physiological discoveries which, through a succession of centuries, finally furnished the materials from the chaos of which the great Harvey solved the problem of the circulation of the blood. The address glows with the ardour of one long and patiently devoted to anatomical pursuits; with whom for years the cadaver has been a daily and nightly companion, and whose accomplishments, as an accurate anatomist, are not exceeded.

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[1] Carvill *versus* Horner and Smith. Philadelphia, Nisi Prius.

The closing paragraphs, as the following, are eloquent and well-timed words of counsel and warning, impressed with heart-felt earnestness for the moral welfare of the student, cast, as he generally is without the guardian influences of friends and home, in the attractive way of metropolitan temptation:

"Large cities, gentlemen, are great centres of both good and evil. In them are collected all the elements of wealth, power, intelligence, and refinement; and so also all the influential agencies of poverty, ignorance and vice, in their most concentrated forms. The three great missionaries of the devil are wine, harlots and gaming. These have made this otherwise fair world a place of tears, sorrow and misfortune. Wine will mock your strength, debase your intellect, and sting your heart like a viper; the harlot will rob you of your manhood, banish all self-respect, and thus, soul-polluted, conduct you by the shortest route to the profoundest depth of ruin and self-degredation; and gaming will beggar you in circumstances, and drive with the lash of infatuation to the most desperate issues. * * * *

"Start out, then, with the determination to resent, as personal insults, all invitations to unlawful indulgence; regard your opportunities and talents as moral trusts, to be faithless in the use of which involves higher consequences than those of mere intellectual indifference; let the spirit of systematic study and industry penetrate your minds, and a proper moral sentiment imbue your spiritual nature, and you will have erected a breakwater against which the waves of metropolitan vice and temptation may beat in vain."

Dr. Battey's method of treating Vesico-vaginal Fistula.—We learn from the *Lancet* that Dr. Robert Battey, of Rome, Georgia, has called the attention of the Obstetrical Society of London to his new method of treatment, and apparatus for vesico-vaginal fistula. Mr. Baker Brown did not consider it an improvement on Bozeman's modification of Sims' operation.

The surgeons of this city depend more upon the wire suture alone than on buttons of any kind, though when these are used, a modification of Sims' apparatus, suggested by Dr. Agnew, and described in the Reporter for the 2d of April last, is the one ordinarily employed.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 24, 1859

AMERICAN SUBSERVIENCY TO FOREIGN ORIGINAL RESEARCH.

Only a careless glance at the collections of works in our public and private medical libraries, and on the shelves of our publishers of medical literature, will suffice to show that we are, in a great degree, dependant on foreign investigators in the several departments of medical and surgical science. Although we have some names who have done honor to themselves and to this country by their efforts to add to the sum of medical knowledge, but tardy justice is done to them in our halls of learning. While the names of Bernard, Hall, Rokitansky, Velpeau, Cooper, Watson, Simpson and a host of others, equally as distinguished in their several branches—and, we may add, as justly so—are constantly on the lips of our professors and clinical teachers, we but seldom hear the names of our own observers, albeit many of them are as learned, and as diligent, and capable of investigating, and recording their observations, as any of the distinguished men were, and are, who are named or alluded to above.

But, in this country, investigators in the various departments of medical science, and especially those appertaining to anatomy, physiology, pathology and therapeutics, labor under some disadvantages, which we propose briefly to mention, in the hope that our doing so will have the effect of drawing public attention to a subject which demands a decided change of policy over that hitherto pursued:

1. There is no doubt that *habit* has something to do with this subserviency to foreign original research.

2. The ability, learning and diligence of foreign investigators has commanded our respect, but not content with according that, we have given them our homage.

3. The large cities of Europe contain a much more numerous class of people in the humbler walks of life who resort to hospitals and dispensaries for treatment—*and those public institutions are much more open to students*

and practitioners, than they are in this country. This is in marked contrast with—

4. The narrow policy of our public institutions, which are in a great measure practically closed to the practitioner, and a small portion of one class only of them—the hospitals—barely tolerate the presence of students four hours a week for "a consideration." Many of our hospitals, and all our dispensaries, are entirely closed to both practitioner and student, excepting only those who are needed by these charities—many of which are wealthy corporations—to attend upon their sick, and enough are found who do it willingly and without compensation, merely for the sake of the honor and position they gain. Our hospitals should be freely open at proper hours *every day* to both practitioners and students, and those who are capable, and disposed to do so, should have the privilege of forming classes for the purpose of imparting instruction to students at our dispensaries. Many of the poor, who are now attended gratuitously at their houses by physicians equally as poor—and who, we may add, will be likely always to remain so—should go to the hospital or dispensary for treatment, and this would widen the field for the cultivation of medical knowledge.

5. But there is also a backwardness on the part of our investigators, in making known the results of their investigations through the right channels. Instead of publishing them to the profession in short practical essays, through medical journals frequently published, and thoroughly read by thousands of readers, they conceal them in long, wordy essays in monthly and quarterly journals, or read them before a medical society, whose publications, if they make any at all, merely circulate among the members and their immediate friends. And this leads us to mention—

6. The mistaken policy of our hospitals and medical associations, in making the practice of the one, and the proceedings of the other, so difficult of access to those who have it in their power to benefit them, and those connected with them, and at the same time instruct the mass of the profession throughout the country, by giving them publicity. This is far from being the policy of those European institutions and societies, whose practice and proceedings are so frequently quoted in our medical journals.

We have thus, in as few words as possible, indicated some of the reasons why the profession of this country rely so much on the researches of foreign laborers, and would commend the subject to our readers as worthy of thought and reflection, which, it is hoped, will not end there, but lead to action.

HOMEWARD BOUND.

Just as we are going to press, we learn that through extraneous influences operating upon the minds of a portion of the medical students in this city from the Southern States, a sudden impulse has seized upon them to abandon the medical institutions of this city and go in a body to the South, in the expectation of completing their course of lectures in some of the numerous excellent medical colleges in that section of the country. We cannot but think, however, that they have acted unadvisedly, and that they will yet see cause to regret the course they have chosen to pursue. There was no real cause why they should practically lose a whole winter's instruction, for however well they may be instructed in the colleges to which they may go in the South, the excitement by which they have suffered themselves to be led away, must unfit them for a profitable pursuit of their studies during the remainder of the winter. The medical profession should have no sympathy with the ultra political feeling, whether it exists in the North or in the South, that would lead to such results.

But we are disposed to doubt whether political feeling is all that underlies this movement. It is well known that systematic efforts have been made for years past, in some parts of the South, to prevent students coming to the North. These having been wholly unsuccessful, advantage seems to have been taken of an existing political excitement, to create a revulsion of feeling in favor of Southern medical teaching, and the engineers of the affair have had the wisdom to carry out their plans by a *coup*, before the "sober second thought" had time to take possession of the students.

The following paragraph from the Richmond *Enquirer* of the 19th inst, will give a clue to the plan adopted to bring about this result:

Good News for Richmond and the South.—On Saturday evening a despatch was received by the faculty here from Philadelphia, asking upon what terms the Richmond Medical College would receive *one hundred and fifty* Southern medical students for the present session. The Faculty very promptly and properly replied that, as the said students had already paid their college fees in Philadelphia, they would be cordially received here, and be instructed without cost, save only that those who should graduate would be expected to pay their graduation fees. We take it for granted that the proposition will be accepted, and that thus a very important step will be taken for building up our Medical College, and aiding in the independence of the South.

It is reported that in this city about two hundred students have yielded to this sudden impulse to leave for the South, the majority of them going from the Jefferson College and the others from the University. We are disposed to think that many of them will yet yield to better counsels.

Of the immediate exciting cause of the stampede we have not at present any very definite information. It is certainly not from any dissatisfaction with the schools, the faculties of which have thus far been treated with the utmost deference, and the students have continued their usual attention to the lectures. A similar movement is taking place in New York, and a deputation of students to confer with those in Philadelphia have arrived. The largest number of those about leaving are from the Jefferson College, that institution having the largest class, with probably the greatest proportion of Southern students among them.

Such an extreme measure, which could take place but during a temporary popular excitement, cannot permanently affect the great national medical schools which, with many advantages of location, are centered in this city, and, as in the course of nature, that which is violent is of short duration, and as ultra movements are attended with extreme fluctuations, we may soon expect reason to prevail where excitement now controls, and that a reaction in the contrary direction will be the result.

THE NEW YORK MEDICAL PRESS.

In reply to a correspondent two weeks ago, we expressed a suspicion that the *Press* had gone to the place where all good medical journals go—when they die. We had not seen a copy since the 22d of October last, and could in no other way account for its absence. A recent mail, however, brought copies of the *Press* from Nov. 12th to Dec. 10th, inclusive, looking as bright and fresh as ever. The probability is that by some accident our name had been omitted from the mail book.

If any of the readers of the Reporter wish to hear what Professor Bedford has to say on the Practice of Midwifery, or to be posted in the practice of the New York hospitals, or possess the *official* reports of the New York Pathological Society,[1] they should subscribe to the *Press*. *Vive la Presse!*

By the way, will the editors please forward us copies for Oct. 29th and Nov. 5th, to complete our files.

Correspondence.

Powesheik county, Iowa, 12th mo. 7th, 1859.

Editors Reporter:—The health of this section of Iowa is generally good, though the past season there has been rather more sickness than usual, principally intermittent and remittent fevers. Our most troublesome complaint has been diphtheria, from which there has been a few deaths, altogether (so far as my information extends) among children. The climate of this portion of Iowa appears to exert a favorable influence on many chronic ailments; and individuals removing here from the malarious regions of Indiana, almost invariably improve in appearance, and increase in weight. We have, perhaps a full proportion of rheumatism. This is not attributable to the climate, but to the fact that many remove hither in moderate circumstances, who after securing a farm have not sufficient means left to build a really comfortable house, and to dress according to the severity of the winter weather. The thermometer stands this morning 13° below zero, which, with the breeze that frequently blows over our prairies, is suggestive of buffalo overcoats and seal skin caps.

[1] Which, however, we strongly suspect are made, partially at least, from our own phonographic reports, which see the light *first*.

I sincerely hope the new rheumatic medicine may prove to be not merely a medicine, but a *remedy* for that hitherto intractable disease; the more especially since, in my own case, (chronic rheumatism,) upon consulting the medical cyclopedist of America, he informed me I would just "have to bear it."

Respectfully, B. H.

News and Miscellany.

The Medical Classes.—Although the catalogues of the colleges have not yet been published, there is evidence of the presence of larger classes in each of the institutions of this city than at any previous session. The very large lecture rooms of the University of Pennsylvania are thronged as we have never before seen them. At the Jefferson College, the addition of extra seats, rendered necessary for the accommodation of the increased size of the class, shows that the largest medical class in existence, is still growing larger. The Pennsylvania College seems, by the size of the class, to have gained in popularity by its late fusion, and has taken the flood which is destined to lead it to the highest success.

Here are now centred the most popular medical institutions, collegiate and clinical, in this country; whose eminent positions have enabled them to command, without any local bias, the services of teachers of the greatest talent from all portions of the republic.

To these advantages are added opportunities, elsewhere unequalled, for devoting particular attention to specialties and subjects collateral to medicine, by the number and variety of private courses, conducted by talented lecturers, and continuing throughout almost the entire year. Libraries and other facilities are provided for the student, and many social advantages are presented to him in the way of Wistar and medical club entertainments, which make his studentship in Philadelphia as agreeable as it is advantageous.

Origin of the Electric Telegraph.—Dr. Harnel, of the Imperial Academy of Sciences at St. Petersburg, has been engaged in making researches into the early history of the electric telegraph, and claims that it was invented originally, fifty years ago, by Sœmmering, the anatomist and physiologist. In July and August of 1809, he devoted his thoughts and energies to constructing a galvano-chemical telegraph, and on the 6th of August he noted in his diary,—"Tried the entirely finished instrument, which completely answers my expectations." Baron Larrey, Surgeon in Chief of Napoleon's army, was the bearer of one of Sœmmering's instruments to the National Institute in Paris. He operated successfully on it at Munich, before the Academy of Sciences, and his instruments were also successfully used at Vienna and at St. Petersburgh. Larrey presented Sœmmering's instrument and memoir to the National Institute at Paris, where it was referred to Biot, Carnot, Charles and Monge, but whether they ever reported on it is not stated.

Enterprise.—The *Nashville Journal of Medicine and Surgery* is very enterprising in its efforts to keep its readers advised of matters of interest to the profession. For instance, the last number contains an obituary notice of the late Dr. Harney, U. S. A. For a more full notice we refer the *Journal* to the REPORTER for *Oct. 1st*, 1858!

Short Allowance.—Some of our readers may observe that we have put them on short allowance this week. This is in consequence of the temporary absence from home of one of the editors and the fact that the duties of the other are at such a distance from the printer that it was not convenient to communicate with him in season to supply the deficiency. This deficiency will be made up—indeed, it has already been made up six times told, since this volume commenced.

A New Way of Raising Money.—The *Lancet* publishes the following caution:

"We wish to give a caution to the faculty of provincial hospitals respecting a person of the name of John Kilpatrick Rutherford, a carpenter, from Ireland, who has a small indolent ulcer on the leg, for the cure of which he obtains admission into an hospital; he then sends to the surgeons, matrons, treasurers and others, long pieces of doggrel poetry, praising in most fulsome language every person connected with the hospital, the whole object of which is to solicit charity."

The Committee of Management of the Venereal Hospital at Lyons, France, have decided that funds should be provided for an atlas of drawings representing pathological appearances peculiar to venereal diseases.

Our own hospitals should do something in

the interest of pathological anatomy, by at least appointing competent pathologists as a part of their corps of medical officers; and it would be a very small compensation to a profession that contributes so liberally to the support of our charitable institutions, by giving unrequited labor, if they would, as some of the European hospitals are doing, appropriate funds, as above, to advance in knowledge a profession to which they are in every way so much indebted.

Artificial Premature Delivery and the Holy See.—The *Gazette Hebdom.* copies the following from *Ann. Med. de la Flandre Occidentale:*

"Dr. Finizio, assistant physician accouchœur at the University of Naples, lately used douches to excite premature delivery at seven months, in the case of a young, ricketty and misshapen woman, who measured only three inches in the antero-posterior diameter of the inlet of the pelvis, and two inches in the same diameter of the outlet. The operation was crowned with the most complete success, the mother and child having both done well. This practice, which had been adopted after a public consultation in the course of the clinical instruction given by Dr. Finizio, in which consultation the students also were invited to give their opinion, was highly condemned by several papers, amongst which, one in particular, called *The Omnibus*, was the most vehement. Made uneasy by these attacks, and somewhat troubled in his own conscience, Dr. Finizio applied to the metropolitan archbishop for enlightenment. It would appear that the worthy prelate was puzzled by the question, and he forthwith referred it to the divines of the collegiate church of San Giovanni Maggiore. From this court the matter was carried to the Penitentiario of the Holy See, who answered in the following terms. It will be seen that the question is left open as regards premature delivery when the fœtus is not viable: 'Si intelligatur partus immaturi qui prævenit ordinarium naturæ cursum, ita tamen ut fœtus eam maturitatem absecuturus feurit, ut in lucem editus vivere possit, *affirmative.*—Datum Romæ, &c.: Card. Castracano.'"

Prof. Lebert of Zurich, has been selected as the successor to Frerichs, whose resignation to the University of Breslau, we a short time ago noticed. A worthy successor to the eminent clinical teacher.

The Grand Dutchess Maria, of Russia, has been astonishing the élite of Paris by visiting the Hospital La Riboisiére, considered to be the model hospital of Europe. It is said that on her return to St. Petersburg, the Princess proposes to build a hospital of 150 beds for women.

If the ladies of some of our weathy families would occasionally visit our hospitals it would do them no harm, and might result in benefit to the unfortunate poor, especially of their own sex. It was by the co-operation of the ladies, that Dr. Sims was enabled to establish the Women's Hospital in New York.

Army Intelligence.—Assistant Surgeon W. I. L. Engle has been assigned to Camp Cooper, Texas.

Surgeon James Simons has been assigned to Fort Mason, Texas.

Assistant Surgeon R. Potts has been ordered to proceed to San Antonio, and report in person to the commanding officer of the Department of Texas for orders.

To Correspondents.

Medicus.—Bills for medical services rendered at police stations have frequently been collected. We do not know whether payment from the municipal government can be legally enforced but the Councils have on various occasions ordered such bills to be paid.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. W. C. Larkin—*Iowa*, Dr. B. Hinchman, (with encl.,) Dr. Moses Cousins, (with encl.)—*Kentucky*, Dr. George Cowan, (with encl.)—*North Carolina*, Dr. D. A. Montgomery—*New Jersey*, Dr. J. Henry Clark, Dr. Jos. Sheppard, (with encl.,) Dr. J. Blane, (with encl.)—*New York*, Dr. John Swinburne, (with encl.,) Tilden & Co., 2, Dr. Thos. W. Blatchford, (with encl.,) —*Pennsylvania*, Dr. G. W. C. James, (with encl.,) Dr. S. R. Myers, (with encl.)—*South Carolina*, Dr. F. F. Gary, (with encl.)—*Tennessee*, Drs. Dashiel and Chester.

Office Payments.—Dr. C. C. Foote, Dr. J. Gegan, Dr. Chas. Smith, Jr., Dr. Charles Waage.

MARRIAGES.

HANFORD—RAYMOND—In New York, on the 14th instant, by Rev. E. L. Jones, William H. Hanford, M. D., of Brooklyn, to Miss Harriet Raymond, of Port Jervis, N. Y.

DEATHS.

DEWEES—On the 6th inst., at his residence, in Livingston, Mississippi, after a severe illness, Dr. Oscar L. Dewees, son of the late Professor Wm. P. Dewees, of the University of Pennsylvania.

PHILLIPS—Dr. John Phillips, of Mellonville, Columbia county, N. Y., was instantly killed by a train of the Hudson and Boston Railway on the 17th inst. Dr. P. was walking on the track at the time.

Died, on Wednesday morning, the 7th inst., in Baltimore Hundred, Sussex co., Del., of Hemorrhage of the Lungs, Dr. George R. Truitt, in the 28th year of his age.

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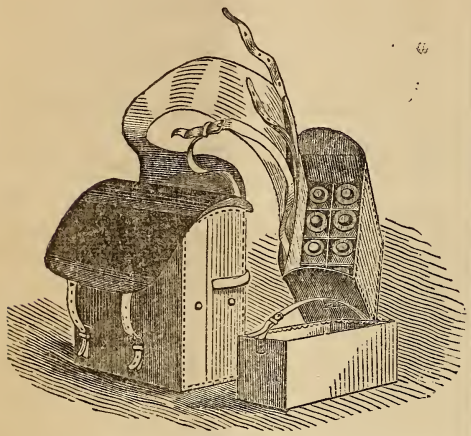

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " 10 ½ oz. " " and
" " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz. Ground Stop. Bottles and
" " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " 18 1 oz. " "
" " 18 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " 14 1 oz. " "
" " 14 ½ oz. " "
" " 4 Pots, " " and
" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" " 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

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Having devoted the last ten years exclusively to the manufacture and application of Surgical Apparatus, he will guarantee to furnish such articles as have no superior in mechanical skill and adaptation to the cases requiring them. 120

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JOHN F. ORD, MANUFACTURER OF THE PATENT METALLIC SKELETON ARTIFICIL LEG,

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PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

WILLIAM GIBSON, M. D.

Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.

Second—To the same for their Improvements in Club Foot Apparatus.....Second Premium.

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In addition to the above *strong recommendations*, over *three hundred* original certificates are on file in the office.

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SESSION 1859–60.

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The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

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FINE MEDICAL SADDLE BAGS.

The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

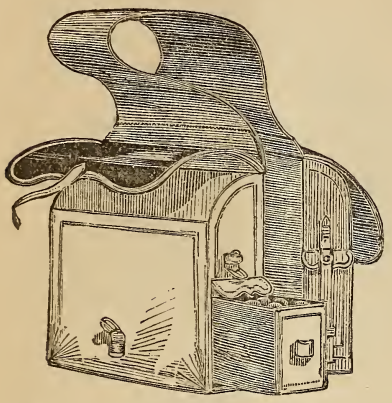

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	"	20	"	9.50
"	"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

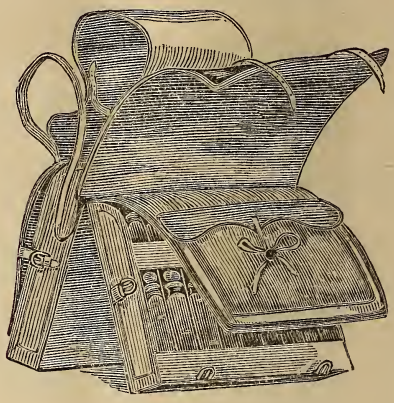

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	"	28	"	11.00

PILLS OF THE U. S. PHARMACOPŒIA COATED WITH SUGAR,

EMBRACING, AMONG OTHERS,

Pil. Cath. Comp.:
Pil. Rhei:
Pil. Rhei Comp.:
Pil. Assafœt.:
Pil. Assafœt. Comp.:
Pil. Ferri, (Quevenne:)
Pil. Ferri Comp.:
Pil. Opii.:
Pil. Hydrarg.:
Pil. Calomel
Pil. Calomel Comp., (Plummer's:)
Pil. Copaibæ:
Pil. Aloes:
Pil. Ferri Carb., (Vallet't)
Pil. Stomachicæ, (Lady Webster's:)
Hooper's Female Pills:
Pil. Quin. Sulph., 1 gr.:
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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 167. } PHILADELPHIA, DECEMBER 31, 1859. { NEW SERIES VOL. III. NO. 14

ORIGINAL DEPARTMENT.

Communications.

Amputation at the Knee-Joint.

BY D. HAYES AGNEW, M. D.

Reported by Chas. H. Benton, M. D., Interne of the Philadelphia Hospital.

The case was that of an Irish woman, Bridget Bilboe, æt. 30, who, according to her own account, had been 25 years previous, when but a child of 5 years of age, seized with severe pain and swelling of the right leg, which rapidly passed into ulceration, and finally the separation and discharge of small fragments of bone. After a lapse of two years, the ulcers healed up, and the limb remained apparently sound for five years, at the expiration of which time the same symptoms recurred in the neighborhood of the ankle joint, leaving an open ulcer, which from that time until the present had been growing worse, until the joint became anchylosed, the tibia exposed, and the destruction of the soft parts extended half way to the knee.

Her mother, she says, died of typhus fever, her father from causes she does not know, other than that his illness was short, and commenced with a severe pain about the hip. The extent and duration of the ulcer had began to affect her constitutional powers, as manifested by the ordinary signs of hectic, and on the 26th of October she was brought before the class in the operating amphitheatre, for the purpose of removing the limb. After some general description of the case, Dr. Agnew remarked, that, with the approval of his colleagues, he had determined to amputate through the articulation of the knee, and for the following reasons:

1st. The old cicatrices which exist as high as the tubercle of the tibia, show that a necrotic state of the bone formerly extended to that point. There was therefore no certainty that, with the patient's diathesis concentrated apparently on this portion of the extremity, the disease may not be re-established, should the operation be performed below the joint.

2d. The removal through the joint can be accomplished with less division of structure.

3d. No section of bone need be made, and therefore no exposure of the veins of the cancelli, which will diminish the risk of pus entering the system.

4th. After examining the cases recorded of amputation at the knee, and comparing them with those through the thigh, an argument equal to six per centum will appear in favor of the former.

5th. That the violent symptoms sometimes ensuing from articular injuries, are more likely to result from small penetrating wounds, than such as make a free exposure; and

6th. That if successful, a better and more natural use of the limb will be obtained in consequence of the connexion of the extensor muscles on the front of the thigh being undisturbed.

As to the synovial secretion, that will cease for two reasens. *First*, the necessity for its presence no longer exists; and *second*, its membrane unites with the surrounding parts, obliterating the secreting surface. On the articular ends of the bones no synovial membrane exists, and the constituents of the encrusting cartilage will, by some process similar to fatty degeneration, lose their cohesive property, liquify, and be discharged.

The patient being etherized, an incision, convex, downward, was made through the in-

teguments, down to the bone, beginning in front of the head of the fibula, passing nearly two inches below the tubercle of the tibia, and ending on the inner side of the tuberosity of the tibia. The skin being dissected up as far as the tendo-patellæ, the leg was flexed, making the tendon prominent which was now divided, and the flap containing the patella thrown up so as to uncover the anterior part of the joint. The crucial and lateral ligaments were next divided by successive touches with the end of the knife from within, after which it was passed behind the bones, and a short flap shaved from the back of the leg. The blood vessels being secured, the anterior flap was brought down, (carrying with it the patella, which was placed between the condyles of the femur,) and united to the posterior by the silver suture, so as to bring the line of cicatrix near the posterior face of the limb. The Doctor remarked that the extensor muscles of the thigh having an aponeurotic connexion with the lateral ligaments, where they arise from the tuberosities of the condyles of the femur, would, if this attachment was undisturbed, affect the anterior flap very little by retraction, while the action of the hamstrings would have a tendency to draw the line of union backward. The sutures being supported by adhesive strips, a water dressing was ordered, and the limb firmly supported by a roller bandage. The constitutional treatment consisted in good diet, milk punch, quinine, and an occasional opiate. With the exception of the angles of the wound, and a point at the centre, through which the ligatures were brought out, the edges united by first intention; a small abscess formed in the course of the cure, which was discharged at the angle. The condition of the patient rapidly improved. A slight cough, which had taken place a short time before the operation, disappeared. She gained flesh, and is now in the enjoyment of perfect health. At the end of five weeks, a slight moisture could be detected at one corner of the wound, which being colorless, and somewhat tenacious in consistence, was no doubt the synovial fluid from some small portion not entirely united to the tissue in the vicinity.

A Case of Acute Dropsy.

By W. H. Triplett, M. D.,
Of Woodstock, Va.

L. C., a young man of 19 years, was taken with acute dropsy; pulse nearly natural, beating about 80, a little full but soft and compressible; no pain; skin hot and dry; some thirst; the respiration hurried from the presence of water in the cavities of the pleuræ and peritoneum. The effusion was general, pervading alike the two serous sacks, and distending the whole subtegumental areolar tissue. Treatment, cremor tartar and jalap in sufficient doses to induce full and frequent alvine evacuations. The case for a while progressed well. The effusions, particularly those in the two splanchnic cavities, having in the course of two or three days undergone almost entire absorption, when a new symptom was added, the patient becoming troubled with frequent emesis; the pulse was good and presented its former character, save showing a little less firmness on compression; *there was no pain on pressure over the epigastrium; no thirst; no red border to the tongue*, but it was tremulous and covered with a white fur, or rather no fur at all, presenting a bleached and ex-sanguine appearance; nothing was present to indicate inflammation of the stomach. Yet there was evident irritability, and it was thought that the cream of tartar and jalap possibly had had something to do with it. With the new symptom came in a new treatment; ice water, demulcents and morphia were now used as remedies proper for this condition, but the organ showed the same degree of intolerance, and rejected these equally with the others.

From eighteen to twenty-four hours after this symptom had made its appearance, another, most serious, manifested itself and went far to prove the nature of the first, viz: irregular respiration, the inspirations amounting to only four or five in the minute, and very irregularly performed, the thoracic walls remaining completely quiescent for one half of this time before expanding for the noisy inspiration, the others scattering indiscriminately over the remaining interval. The case

had not been seen for twenty-four hours, or since the morning of the preceding day, and it was not known when this symptom had begun; some of the family, however, observed that they thought he had breathed unusually in the evening whilst he was sleeping. Pulse was 80 and good; skin hot and dry; the face œdematous and the areolar tissue of the surface of the body again distended with freshly effused serum; the patient had vomited only once during the night; he was now stupid and indifferent to all around him, but when spoken to would make sensible replies. Beyond all doubt this case now presented profound lesion of the medulla oblongata and whether in structure or mere function remains to be seen; that it was the former, is my strong suspicion, since the precedent gastric disturbance did not present even one of the usual symptoms, indicative of inflammation in this viscus, and rejected alike the most bland demulcent, and most energetic cathartic; in fact tried to eject when there had been no ingesta; *then the prominent pulmonary disorder* following rapidly in its wake, and last though not *least* almost universal dropsy, prove, I think, that the common parentage of the former will make them stand to the latter as effect and cause. The opposite side of the picture is this: On the supervention of the gastric distress, ice water and a little morphia were given. This plan was pursued a day or so when we had the fresh effusions and the other symptoms as above described. The later part of this history will add another link to the chain of inductive evidence, and strengthen the ground of suspicion of cerebral effusion.

I have not yet mentioned the fact of the young man having a large running ulcer on the crest of the ileum, being the sequela of a severe attack of fever he had had in the spring, and which was found to be perfectly dry during the height of this disorder. Who knows but what this ulcer had something to do in the bringing about of the grave symptoms. A warm soft and emollient poultice was applied to it, and the same compound hydragogue that had been used in the first place was again resorted to, and it was attended by the most happy results; the respiration improving, the hydrops gradually disappearing, and the countenance clearing up into an intelligent expression. The ulcer also began to discharge freely and the kidneys to secrete most abundantly. This latter effect I thought was largely attributable to the agency of the following pill:

℞. Hyd. chl. mit.
Pulv. digitalis
Pulv. gambogia aa gr. j.
Pulv. scillæ, gr. ij. M.

as a diuretic, and hydragogue cathartic, to be taken every four hours. In three or four days this depletory treatment brought the patient round to convalescence.

I concluded from the symptoms detailed, the presence of water on the brain, and more especially in the fourth ventricle or in the region of the medulla oblongata; since the degree of consciousness precluded the thought of a great amount of pressure on the encephalic mass, or to that extent as indirectly to interrupt the functions of the eighth pair of nerves.

Lupulin in Delirium Tremens.

By D. S. Gloninger, M. D.,
Of Philadelphia.

Much has been written and said on the treatment of this formidable disease, and many methods of cure suggested. The article named in the above caption, we believe, having the virtue of being innoxious, will meet every indication in the disease, and whether the attacks be many or few, leave no unpleasant result after the cure is accomplished.

Opium, emetics, whiskey and opium, expectants ad infinitum have been equally extolled, yet we respectfully submit that there are conditions presented in "mania," in which either of these would be detrimental.

Where a previous congestion of the brain exists, or when an inflammatory condition has been set up by previous attacks, and this aggravated by an excessive debauch, opium given to its full extent might be injurious, yea, hazardous!

The simply stimulant plan is too apt to entail inebriacy on your patient, and it is frequently taken as the silent endorsement of the physician of a bad habit which invariably becomes confirmed.

The emetic plan, with due respect to its distinguished author, is barbarous! And thus with the many methods in vogue. Our only indication is sleep, and that must be brought about with the least risk to the sufferer. Have we that which will effect so desirable an end? In lupulin we have that which answers every indication; it is safe; may be given *ad libitum* without danger; a tablespoonful, if you please, every hour until sleep is produced. We have given as much as six pounds before its narcotic effects followed, and would have had no hesitation in giving four times the quantity, were six insufficient. During its administration your patient becomes saturated with it; his skin, adnata, and secretions are tinged yellow. One ignorant of the cause would suppose him laboring under jaundice, and might be induced to give "mercurials." There is no necessity for fear—this condition disappears after sleep, and the only unpleasantness is the peeling off of the cuticle and the dryness of the skin. Contrary to the effects of the opium treatment, in this, we have the bowels natural, and no necessity of nauseating the patient with cathartics to remedy torpidity.

To illustrate our position we give a case in detail, though involving some repetition, it brings out our main objections to the methods adverted to.

Mr. C., a fashionable drinker, age 35, for years laboring under chronic disease of the liver, brought on by dissipation, of apoplectic diathesis. Complaining much of headache and drowsiness, this aggravated since an attack of coup de soliel of the previous summer. Sent for me in haste, Dec. 2, of this year. Found him laboring under congestion of the lungs, and the premonitory symptoms of "delirium tremens." Inability to lie down and great difficulty of breathing. Advised a blister 4 by 6, and "brandy" hops frequently repeated, to allay nervous excitement. My next visit found the congestion relieved, but increased restlessness, and mania becoming more apparent. Third visit—halucinations terrible, and great incoherency, with excessive prostration. We ascertained that he had been drinking excessively. His wife administered to him one gallon in less than a week besides the immense quantity he procured at the tippling houses. We persevered in the "brandy hops," a favorite with Dr. N. L. Hatfield, made by saturating hops with brandy, and after nine weeks the virtues of the hops having been fully exhausted, it is fit for use. Three day's continuance with Dr. H's remedy, Mr. G. C. Bowers, who furnished the medicine, suggested that a more efficient tincture might be obtained by displacing the lupulin with the best brandy. I directed him to make it, and administered it in similar doses. Its narcotic effects soon displayed themselves. On the 12th my patient aroused from a sleep of twelve hours, convalesced, without headache or nausea, with a good appetite and a terrible disgust for liquor. There is an odor in hops, as well as something in the taste, which leave but little desire to continue it as a daily beverage.

Would not either of the methods mentioned in the complications described, jeopardize the life of the patient? My friend, Dr. Hatfield, tells me that he relies solely upon lupulin or hops, and that he has successfully brought patients through their thirty-second attack, which he thinks impossible under the opium method.

As a diet we know of nothing better than "butter-milk." It will be retained on an irritable stomach where lime-water and milk are ejected. We were induced to try butter-milk in a case of cholera-morbus at the suggestion of Dr. Samuel Ashmead, now of Germantown. He said, in dysenteric cases as early as 1832, he had found it an effectual remedy in irritable stomach; our experience has confirmed his views, and we would highly recommend it in irritable stomach after a debauch. It allays the eructations, and where there is diarrhœa, checks it.

We leave the few facts we have suggested in a familiar way, for the consideration of the

profession; we do not hesitate in saying, that in point of efficacy and safety there is no article in the materia medica so adapted to meet every indication as lupulin.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DECEMBER 17TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Phthisis Pulmonalis.—A patient was brought before the class in the advanced stage of phthisis, weak, emaciated, and unable to leave his bed. The physical signs, elicited in the presence of the class, indicated a large cavity in the right lung. The *prognosis* was certainly very unfavorable.

As to the use of cod-liver oil, Dr. G. believes that there is no decided advantage to be gained from it when the disease is advanced and cavities exist in the lungs. It is by no means a specific against phthisis. In most cases of the disease we do not find that the physical signs diminish as decidedly upon the use of oil as the general symptoms. As a general rule, the oil is not so well tolerated in the advanced as in the early stages. It is apt to produce purging. Unless the diarrhœa can be checked by opium and tannin, Dr. G. regards it as contra-indicating the oil.

This patient was on a tonic and stimulating treatment.

Mania-a-Potu.—This patient holds before you in his trembling hands the test of his disease. He has been on a debauch for nine or ten days, after coming ashore from the Saranac. This ended with excessive nausea, vomiting, and sleeplessness. Last night he was disturbed by visions of ugly beasts and devils. He does not see any now, he says, but imagines he does. These patients have singularly antagonistic conceptions. Up to a certain point of the disease they have the power of discriminating between things which are fanciful and those which are real.

Treatment.—This patient came in yesterday, and was put at once upon 2 oz. of whiskey every three hours. His bowels were opened with the compound rhubarb pills. He has taken no opium. Opium should be given only to procure sleep. It may be said to be curative only when it is able to bring about sleep, and should be given in small quantity, and only at night, say one grain twice in the night. When you give it largely, I mean in doses of 4 grains every two or three hours, it acts as a poison. I use to give opium largely twenty years ago, but finding that my patients would sometimes die very suddenly, I abandoned the practice, and prescribed it in small doses only when the patient could not obtain sleep. Small doses of alcohol will relieve the irritability which larger doses have created. You know, gentlemen, that I look upon alcohol strictly as a medicine.

Congestion of the brain will now and then occur in this disease. If you use opium, then you will render it certainly fatal; but you may persevere in the whiskey, and also cup the back of the neck and the temples. If the patient is feeble and anæmic, with immobility of the pupils and a tendency to effusion on the brain, you may apply a blister to the back of the neck. If his face is flushed, apply pounded ice to the head in a bladder. A towel interposed between this and the head tempers the cold, and produces a better effect.

There may be excessive irritability of the stomach, or a violent degree of gastritis. Then cups over the pit of the stomach are an efficacious remedy, or if the patient is anæmic, a blister 3 by 4 inches, or a poultice of mustard and meal, or a spice plaster moistened with whiskey.

Ice is another efficacious remedy, particularly if there are signs of active inflammation. The patient need not be deluged with ice water. It should be given a tablespoonful at a time. Cinnamon, cloves or ginger may be given to reduce the irritability of the stomach.

The patient should not be put in a room by himself. The fact of his being alone frightens him. He should be constantly and carefully watched, else he may escape from his confinement and destroy himself.

Dec. 21st.—Patient already convalescent.

DECEMBER 21ST.

Rheumatism, with Valvular Disease of the Heart.—This lad has been affected with rheumatism for six weeks. The pain is now in his knees and hips. He had a slight attack two years ago. He has had palpitation of the heart for three years; this was therefore antecedent to the attack of rheumatism. Still, disease of the heart, even if unconnected with rheumatism, is often aggravated by it.

The disease here consists in thickening and obstruction of the mitral valve, with dilatation, and a moderate hypertrophy of the whole organ. This is indicated by increased dullness and great protuberance of the cardiac region, and by a double rasping sound over the mitral valve.

A slight friction sound is heard or felt, if I may so speak. This does not depend on any active dis-

ease, but persists in old cases of pericarditis, which have recovered, but in which there still remain imperfect adhesions.

Treatment.—Dover's powder 3 grains four times a day; dose increased at night to 7 or 8 grains. Bowels kept regular, and the patient kept warm in bed.

Dec. 24th.—Convalescent; no excitement of the pulse; rheumatic pains abated.

Fatal Peritonitis in Typhoid Fever—Pathological Specimens.—These specimens come from a patient who has been the in house for some time with a very protracted typhoid fever. Four different times he seemed convalescent; his strength increased, his tongue cleaned, and his fever left him. At times he would be in a very different way. Finally, he was seized with violent pain in the abdomen, and died suddenly, two days after, in a fit of vomiting. He died from perforation of the bowel, an accident which is almost certainly fatal. Those cases in which recovery takes place are exceedingly rare. In such cases we may believe that the peritonitis is merely local, that the perforation is in some motionless portion of the bowel, and that it is fortunately bounded by lymph.

In this case the peritonitis was extensive. You see shreds of lymph loosely adhering to the intestines; the bright red color which the intestines presented at first has disappeared. The ulcerated Peyer's glands extend five feet up. They are mostly in a state of cicatrization; but, about three inches from the ileo-cœcal valve there is a perforation a quarter of an inch in diameter, which was the cause of his death.

The *spleen* is enlarged and softened.

The *stomach* bears evidence of gastritis. Years ago this would have been considered the cause of his death. It is not now looked upon as of much importance. The consistence of the mucous coat is not much altered.

Effusion of Blood in Pericarditis.—Here, gentlemen, is the heart of the patient whom I have shown you once or twice as having pericarditis and pleurisy, developed after yellow fever. You see, the pericardium has been enormously distended and thickened, and the interior of the pericardial sac, as well as that portion which invests the heart, is rough and shaggy, with abundant patches of organized lymph, having a considerable degree of vascularity.

The peculiarity of this case is in the nature of the effusion. It consisted largely of blood, and contained a coagulum of 6 or 8 ounces. In this respect the case is almost unique; I have never seen one like it. This effusion of blood, when it has occurred, has been ascribed to the development of a great degree of vascularity in the false membrane. It may be due here to some other cause, which I will ask Dr. Harlan to investigate.

Dec. 24th.—The source of the effusion was discovered by Dr. Harlan, upon closer examination, to be an ulceration of the left coronary artery, which had permitted the escape of blood by quite a large orifice into the pericardial sac.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

Discussion on anæsthetics; Chloroform in obstetrics; relative effects of ether and chloroform; Causes of failure and death; Dr. Dalton's views on the physiological effect and cause of death by chloroform; Ether not entirely harmless; Internal use of chloroform in lead colic;—Double vagina and uterus.

At the meeting of Dec. 21st, an interesting discussion on the use of anæsthetics was incidentally started, and kept up nearly until adjournment.

Dr. Kissam related his experience with the two principal anæsthetics, sulphuric ether and chloroform, as employed in surgery; he gave preference to chloroform, but recommended it to be used with great caution.

Dr. Reese coincided with Dr. Kissam. As to the different action which the two articles possess, he would state that he was in the habit of using chloroform in puerperal convulsions, with good effect, while ether could not be used in this disease, because it rather increased, if anything, the tendency to convulsions. In reference to chloroform, he had noticed that the Paris correspondent of the *N. Y. Times*, who was a physician, had stated that the use of this remedy had been lately attended with exceedingly fatal results in the Parisian hospitals. It was Trousseau, he thought, who had introduced and sanctioned the administration of chloroform by an apparatus in which the inhalation is made through one nostril—the other nostril being left open for the reception of atmospheric air. Great stress is laid upon the fact, that chloroform, as thus administered through the open nostril, and in such a way as to admit the atmosphere, prevents any injurious results from the accumulative action of the remedy, which are so often alarming. He had never in his own hands had a case in which the chloroform was attended by a fatal result, or even approached to fatality. He always introduced the remedy very gradually, withdrawing it occasionally, and never carrying it so far as to produce profound stertor or

coma, which in no case, where the anæsthetic was resorted to, he deemed it necessary to produce.

Dr. Squib had used chloroform for the past five or six years in many cases, perhaps as often as a hundred times, for various affections, and had never seen it followed by disastrous results. He is not in the habit of giving it very profusely, very often giving hardly enough to deprive the patient of sensibility or ordinary sensation. Used in this manner it has proved a safe agent in his hands. He had given it as long as 45—50 minutes at a time, without producing any dangerous effects. The danger from its use he considers to arise chiefly from the rash administration of it, being given in many cases so as to prevent the admission of air. When mixed with air it is certainly far more safe than when that due admixture of air is not given.

The President, Dr. Watson, stated that he would like to have the distinction pointed out between the results of the use of ether and of chloroform.

Dr. Minor: During eight years experience in the administration of anæsthetics, in the hospital to which he was attached, the free admission of atmospheric air with the anæsthetic agent has always been secured, and he had never yet met with more than one case, which appeared in his opinion to be dangerous. In that instance there was suspended animation for five or ten minutes; the patient, however, finally recovered. As a general rule, the agent is administered according to the plan laid down by Dr. Metcalfe, some years ago, in a paper which was read before the Academy. In some cases Dr. M. had seen chloroform administered, by young gentlemen, rather in a careless manner; as they become interested in the operation, they are apt to apply the sponge too closely to the patient's nostrils, and thus prevent, to a great degree, the admixture of air with the vapor of the anæsthetic. He believed that where chloroform is given with due care, and the quantity regulated according to the peculiarities of the case, there will be comparatively little danger following its use; when, on the other hand, it is carelessly or ignorantly administered, it is a dangerous remedy, and is not unfrequently followed by fatal results; in fact, he believed that most of the fatal cases can be traced to a careless administration of the remedy. These remarks, of course, referred to chloroform alone. In many instances he had used a mixture of chloroform and ether, the per centage of the latter, however, being so small, that as far so the ultimate effects were concerned, it might be considered as chloroform.

Dr. Squib thought that in many instances a second rate article of chloroform was used. Many gentlemen are in the habit of using a sample imported from England, under the impression that they are using the article prepared by alcohol; while it is in fact that prepared by amylated ether, neither as pure nor as efficient as that prepared by alcohol.

President: I hope the gentleman does not mean to say that we use an impure article, and in this way produce unpleasant results?

Dr. Squib: I think that statistics show this to be the case.

Dr. Gardner stated that he had used chloroform chiefly, and that his experience with ether was limited. He thought that he gave chloroform in the first case of obstetrics in which it was given in New York. He had given it so far without the least hesitation. He had used chloroform principally because it supplied a want which ether failed to supply altogether. In several cases, even a pound of ether failed to produce the desired effect, which would result from only a tea spoonful of chloroform. Again, it is very generally admitted by accouchers that ether is inadmissible in cases of puerperal convulsions, which are aggravated by its use. Whenever he deemed the use of an anæsthetic advisable, he generally had resorted to chloroform, and he would remark, that even where patients are supposed to be particularly obnoxious to its use, as in organic disease of the heart and lungs, it may be resorted to in obstetric practice with benefit, instead of leaving the patients to the injuries which may be caused by the natural efforts of a difficult and protracted labor; the danger from chloroform was, in his opinion, far less than the injury resulting from the straining efforts in these cases. Under the administration of chloroform these are mitigated; labor is carried on by the involuntary muscles principally, and as a consequence the tax upon the heart is far less. He had great confidence in the use of chloroform in those ordinary cases of labor, where, although the patient has a large, roomy pelvis, dilated and moist vagina, and there is no reason why the labor should not terminate in a short time, the os remains rigid, and this rigidity continues for hours without apparent change, and in spite of the most severe expulsive efforts of the uterus. The patient is worn out by these efforts, and rupture of the uterus or other injuries threaten. Now, the inhalation of a teaspoonful or two of chloroform, in these cases, seldom fails to ease the patient, relax the os, and allow the speedy expulsion of the fœtus. In cases of difficult labor, with unrelaxed and rigid os, it had been his custom to resort to chloroform instead of bloodletting, opium, tartar emetic, or the warm douche, which latter he considered the next best thing. As a general rule, the *cervix of the uterus* is readily brought under the relaxing influence of the agent, while it often requires a considerably larger quantity to relax the muscular fibres *of the body of the organ*,, which is very desirable in cases

where the operation of turning has to be performed. Dr. Gardner remembered one case, in which he was called to attend, in company with another gentleman, where version was required; it being an arm-presentation. Chloroform was administered, and the gentleman in attendance was endeavoring to find the feet. After some fifteen minutes or half an hour spent fruitlessly, he gave it up, stating that he had reached the fundus of the uterus, but could not find the feet, and requested Dr. G. to examine the case. On introducing the hand, Dr G. found that what the former had mistaken for the fundus, was not in reality the fundus, but the circular fibres of the organ, which were firmly contracted around the child. The feet of course were above this point, surrounded by this ring of muscular fibre, and entirely out of reach. On recognizing this condition of things, the woman was placed under the full influence of the anæsthetic. This had the momentary influence of relaxing the fibres, during which time the hand was passed through, the feet seized, and turning performed. By this means, then, we are able to perform one of the most formidable operations in midwifery with comparative ease and comfort. So far as the application of the forceps is concerned, he was not in the habit of applying them, with the patient under the full influence of chloroform; he preferred that the patient should be sensible, so that if the instrument should press against the soft parts, in a manner that may be injurious to the woman, he might be made aware of it by her movements.

Dr. Peaslee remarked that in regard to the danger accompanying the administration of chloroform, a distinction must be made between its use in obstetric and in surgical practice. In the former it is comparatively safe, because the paroxysm and labor pains react, to a certain extent, against the influence of the anæsthetic, while it is much more fatal in surgical practice. In regard to the two agents, he preferred ether; he had commenced with it, and used it up to the present time. In the first few trials, unpleasant effects were occasionally seen, which Dr. Peaslee now feels certain to have been due to the manner in which it was administered. His own experience coincided with the results of Dr. Snow's experiments, and convinced him that the safety of the administration of this agent depends *cæteris paribus*, upon the proper amount of atmospheric air being given with it. With this precaution, Dr. P. has never seen it followed by any unpleasant consequences whatever, and furthermore, he had never known, seen, read or heard of a case, where it was followed by unpleasant effects for more than a few hours. In some cases, he had given as much as two pounds of ether, and not unfrequently one pound. Chloroform he used with the utmost care, and took the precaution, mentioned by Dr. Snow, never to give it for more than twenty minutes at a time. In one case, however, even with these precautions, respiration was interrupted for three or four minutes, and for a time he thought that the patient was dead, and it was only by establishing artificial respiration that recovery finally took place. In obstetric practice, where there is a rigid os, chloroform has a decided influence in relaxing the muscular fibres which constitute a sort of sphincter muscle at this point; it appears to exert an almost specific influence on that portion of the uterus, almost as certainly and successfully as belladonna acts upon the eye.

Dr. McNulty thought that in considering this subject, the first question should be, what is the exact cause of death? This being known, it could readily be ascertained which of the two anæsthetics, ether or chloroform, contains the most dangerous properties. The manner in which death is produced by these agents seemed to him to be the first subject of inquiry.

The President, Dr. Watson, inquired of Dr. Peaslee, whether in the obstetric use of these remedies hæmorrhage after delivery is apt to be increased thereby.

Dr. Peaslee thought that this was decidedly the case, when chloroform is first given, there is for a short time a diminution in the power of the uterine contractions. He had noticed that on removing the placenta there was considerable tendency to hæmorrhage in these cases. To conteract this, he was in the habit of giving a dose of ergot, perhaps thirty drops of the tincture ten or fifteen minutes before the delivery. Taking that precaution he had never seen any dangerous result.

Dr. H. Green had never employed ether; chloroform he had used for ten years, and with one exceptional case, which did not, however, prove fatal, had never seen any difficulty or danger from its administration. In obstetric cases he had noticed one fact, which he had not yet heard mentioned, namely, that after its administration the necessity of giving laxatives on the second or third day was obviated, the anæsthetic having a tendency to relax the bowels.

Dr. Raphael stated that in his practice he had used chloroform invariably and had never seen it attended with injurious results, except in one instance, which occurred in a boy, between fifteen and sixteen years of age, from whose neck a tumor was removed. The boy remained insensible for nearly three-quarters of an hour, but finally recovered. He believed that death was sometimes produced by a careless administration of the agent, especially when it is poured out upon a sponge and placed directly

over the nostrils. In this case, apart from the prevention of a free access of air, we have the irritating action of the chloroform producing a spasm of the glottis, which in some cases is, perhaps, so severe as to produce death.

[This would seem improbable as the local effect of chloroform upon muscular fibre is not to produce *contraction*, but, as Dr. Faure has shown by his experiments, when it is brought in contact with muscular tissues, it destroys instantaneously their contractibility. Taking this in connection with the facts so ably presented in the subsquent remarks of Prof. Dalton, there can hardly remain a doubt, that chloroform produces death by paralysis of the cardiac muscle, whenever it circulates in sufficient quantity in the blood to exercise this, its *peculiar*, paralysing influence. Can this be avoided in every case? Not until we are able to determine the absorptive power in every individual, to measure in every particular case the resistance of the muscular fibre to this paralysing effect, which undoubtedly varies in various persons, according to sex age and idiosyncracy; until we know all this beforehand, we will be no more able to foretell its effect, than we are, to predict, whether a certain dose of mercurial will produce ptyalism or not.—GOTHAM.]

DR. O'REILY related four cases in which chloroform was administered, in all of which the most alarming symptoms took place suddenly, although the agent had been administered with care. By most energetic means, however, they were all restored.

DR. DALTON made the following remarks:

Of course, Mr. President, I have very little experience with regard to the effects of these two agents upon the human subject, although, I had the pleasure of witnessing the first operation in which ether was used as an anæsthetic agent. In my own practice, if you may call it such, the patients have been principally animals. I presume, however, that there is very little difference in their mode of operation on animals and on men. When I commenced, I, of course, used ether; but as ether requires to be given in a very large bulk, I soon found it very inconvenient, and commenced using chloroform in its stead, and found it very much more pleasant for myself, because it was more easily administered to the animals, and I continued to use it for a certain time. Very soon, however, I found that the animals would occasionally die, which I attributed to some imperfection in the mode of administering the agent. I continued the practice, but still the accident referred to would occasionally occur. Not to take up too much time in details, the simple fact is, that, at the end of six months, from the the time I commenced its administration, I abandoned it. Sometime afterward I again had occasion to use it; I gave it, but found that it was followed by the same results. Since that time I have given it up altogether, and instead of it I have used sulphuric ether. I think I may say, without exaggeration, that I am thoroughly convinced that there is a radical difference in the danger following the administration of these two substances. I am sure that chloroform is more dangerous to animals, at least; whether it is so in man or not, I do not know.

In order to understand this subject thoroughly, it is necessary that we should endeavor to ascertain the manner in which death results in the fatal cases. Death sometimes follows without any evident or traceable cause. It may occur from ether or chloroform by a very careless administration, or from an impurity of the article, provided that the patient breathes nothing but the vapor of the ether or the chloroform. Now in these cases, death is not attributable to the ether or chloroform; it is simply due to the want of atmospheric air. If you give a man a grain of opium and then stop his mouth and nostrils, he will of course die; but certainly not from the opium, but from the want of atmospheric air. The same is true of the administration of ether or chloroform. Therefore the first thing to be attended to, when we wish to prevent a fatal issue from the administration of these substances is to see that they are given mixed with a sufficient quantity of atmospheric air, and then one cause of death would be excluded.

Sometimes, however, even with all our precaution, we find the respiration and the heart stopping suddenly and the patient dead. It is an interesting question to know whether or not death is produced by the *stoppage of respiration* or *of the heart*. My own belief is, that in the case of chloroform, death is produced by paralysis of the heart. My reasons for this view are two-fold.

In the first place, if you moderately etherize or chloroformize an animal, carrying it carefully just up to the point of insensibility, and then open the walls of the chest as quickly as possible, the lungs will of course collapse, and respiration be at an end, but the heart will continue to beat for a considerable length of time. If, on the other hand, you etherize or chloroformize an animal until respiration is stopped, and then open the chest, you will find the heart still beating, but very feebly. I have several times performed the following experiment, namely: to etherize an animal moderately, but enough to deprive it of all sensibility, then immediately the chest was opened and the animal laid aside; another animal was then etherized until death was produced, and on immediately opening the chest the heart was found still, while in the first animal it was yet beating. So far as this goes it tends to show, with a

great deal of conclusiveness, that the fatal result is produced by a direct paralysis of the heart.

In experimenting thus with animals, I have had occasion to notice very frequently, when the anæsthetic is carried only to the stoppage of respiration, that the animals usually recover, and expect with confidence that respiration will begin again; but if, on noticing that the respiration is stopped, I find the heart itself still, I know that the animal is dead, although I have noticed, after the circulation is at an end, that it is sometimes re-established in a certain manner which is entirely characteristic, and being once seen, is very readily recognized. This is, however, entirely unavailing; the animal never recovers.

In my own experience, then, fatal results have followed both ether and chloroform. I have killed dogs and cats with ether and chloroform, but I am obliged to take a great deal of pains to produce this result with ether, whereas death often follows the use of chloroform, notwithstanding the best precautions. It has been said, that when death occurs from the administration of chloroform in the human subject, that it is attributable to giving it too rapidly or too abundantly; but while there are undoubtedly many cases in which injurious results follow from the non-admission of a sufficient amount of air, still I am of the opinion that the injurious or fatal results cannot be always attributed to that cause, for the reason that these accidents have occurred in the practice of our best and most careful surgeons, who invariably exhibit this remedy with the utmost caution, and yet, when everything appears to be going on well, the patient suddenly dies. So far, we know of no precaution which will prevent the occasional occurrence of this accident.

PRESIDENT: I would inquire of Dr. Dalton whether the effects of these agents are cumulative?

DR. DALTON: I cannot say that they are. Anæsthetics taken in by the lungs enter the blood so very quickly that I should not think there would be any cumulative effect.

PRESIDENT: In some cases the patient seems to recover so as to speak, and yet in a few moments dies. Did you ever see anything of that kind in animals?

DR. DALTON: The only thing I have seen analogous to that, is the spasmodic respiration after the stoppage of the circulation, which led me to believe, when I first saw it, that the animal would recover. I now know, however, that these efforts are entirely unavailing. When once the heart has ceased to pulsate, the animal is dead.

DR. O'REILY gave his theory of the fatal action of chloroform. In his opinion, the anæsthetic acted primarily upon the ganglionic nervous system, by which the proper process of endosmose and exosmose in the lungs is disturbed, and the air cells in the lungs are prevented from duly decarbonizing the blood.

DR. BUCK related the history of the death from chloroform which occurred several years ago at the New York Hospital. The patient in that case was a perfectly healthy man. Two weeks before the unfortunate accident occurred, he had taken chloroform, which produced no disagreeable result whatever, neither were any greater precautions taken at this time than when the fatal issue occurred. In his case there was nothing whatever to forbid the use of this agent. Neither can the unfortunate result be attributed to the impurity of the chloroform, for the same article had been administered a day before to one of the patients with the very best effect. In this instance the quantity was by no means large, certainly less than a drachm. The accident occurred very suddenly indeed. Dr. B. had barely time to order the assistant to bring a wet cloth, and then felt of his pulse, but it was gone. He did not know how any greater precautions could have been used than had been in this case.

DR. BATCHELDER: Had tried experiments with chloroform upon himself frequently, by inhaling it through one nostril while the other was stopped, and then watching the effects closely. At first a singing in the head and ears were felt, then flashings of light before the eyes, assuming various shapes, were seen, and a prickling sensation was felt in the fingers. If carried beyond this point, it begins to affect the voluntary muscles, so much so that in some instances he would have fallen down if he had not stopped inhaling the agent. In relation to the manner in which it produces death, he agreed entirely with Dr. Dalton's views. He thought that the heart did not become paralyzed until all the voluntary muscles had become so. He had seen but two cases in which the agent produced alarming symptoms. They were both surgical, and were rescued by inducing artificial respiration.

DR. GARDNER regarded the minimum dose of 20 drops, as generally stated in books, as too large. In one case he had seen a sufficient anæsthetic effect produced to allow the painless extraction of a tooth, by the inhalation of only 5 drops of chloroform.

As regards the internal administration of chloroform, reasoning from the effects of ether used in this way, he had used it quite largely at the time when cholera was prevalent, but it did not seem to produce any effect at all. Since that time he had given it frequently in various gastric and intestinal diseases, but was unable to observe any beneficial effect whatever.

DR. MCNULTY observed that from the turn which the discussion had taken one would draw the inference that sulphuric ether was a perfectly harmless

and safe agent, and could be administered almost *ad libitum*. He certainly had that impression very strongly. Last week, however, he had occasion to administer sulphuric ether to his own brother, and of course all possible precautions were used. He was put in the recumbent posture, and an abundance of atmospheric air was secured with the vapor inhaled. For the first five minutes the proportion of ether to air was certainly not more than 1 in 20, perhaps only 1 in 50. From that time its administration was carried on very gradually, and he was apparently coming under the influence of the anæsthetic very well indeed. Suddenly, when looking at his face, he was struck with its remarkable pallor. On feeling the pulse it was found a mere flutter; the respiration had also ceased. The sponge was immediately taken away, and Marshall Hall's ready method resorted to. The patient gradually came to, but did not fully recover until six hours afterward. This case, the Doctor remarked, has certainly shaken my confidence in the safety and harmlessness of this remedy very much indeed.

The President, Dr. Watson, inquired of Dr. Dalton whether he had found ether *fail* to produce all the effects that can be wished for from chloroform.

Dr. Dalton: It has never failed in my hands. My experience would lead me to believe that it is capable of producing all the effects of chloroform.

Dr. McFarland remarked that he had been in the habit of using chloroform internally quite largely. His experience was directly contrary to that of Dr. Gardner. In the ordinary cases of flatulentia enterica he had used it with almost uniform success, in many cases relieving the pain in a very few minutes. But now for a more remarkable case, one of *colica pictonum*, which occurred in a painter who had been working in a room which had to be closed on account of the coldness of the weather. The close confinement brought on an attack of colica pictonum, for which Dr. McF. attended him, and carried him through by means of morphia, croton oil, and iodide of potassium. Not long after he had a second attack, which was very severe. After having given him morphia, croton oil and iodide of potassium, without producing the desired effect, the Doctor concluded to put him upon the internal use of chloroform. He first gave him 20 drops, which was very soon vomited up. He then gave him ten drops every half hour until he had taken six or seven doses, when all the distressing symptoms disappeared, and strange to say, his bowels became relaxed, and he had copious evacuations. The chloroform was administered for two days. The iodide of potassium was given to counteract the effects of the lead, a few days after the exhibition of which the blue line around the gums disappeared. He was, however, again attacked some time later, having worked as before in a closed room. On this occasion the chloroform treatment was at once resorted to, and it had precisely the same effect. Now, if such a simple remedy as that will relieve a case of colica pictonum in one instance, it is certainly worthy of trial in another.

Double Vagina and Uterus.—Dr. Peaslee then explained a specimen of double vagina and uterus presented to the Academy by Dr. Thomas. The vaginal and uteral cavities are double throughout, separated in the median line by a strong septum. The specimen was taken from an adult woman in one of the dissecting rooms, and nothing is known as to her menstrual and sexual functions or her general history.

After transacting some unimportant business, the Academy adjourned.

EDITORIAL DEPARTMENT.

Periscope.

Gout and its Causes.—Mr. L. M. Bennett, of Winterton Brigg, Lincolnshire, England, writes as follows to the *Lancet*, for December 10th:

In a work written in 1804 by Dr. Thomas Garnett, of London, entitled "Popular Lectures on Zoonomia, or the Laws of Animal Life in Health and Disease," I find the following remarks on Gout:

"The gout seldom occurs but in those who have for several years lived upon a full diet of animal food, often highly seasoned, and at the same time been in the habit of taking daily, or very constantly, a greater or less quantity of fermented liquors, either in the form of wine or malt liquor. This disease is seldom known to attack persons employed in constant bodily labor, and who live temperately, and is totally unknown to those who use no wine or other fermented liquors. I believe there never was an instance of a person having the gout who totally abstained from every form of alcohol, however he might live in other respects; and I doubt if ever the gout returned after a person had abstained from fermented or spirituous liquors for two years. There seems to be something in alcohol which peculiarly brings on this state of the constitution; and without it, it would seem that gout cannot be produced. Here, then, is an effectual method of curing the gout, which will no more return, if strictly persevered in, than the small-pox will attack the constitution after inoculation."

Nearly thirty years' experience and observation have convinced me that Dr. Garnett was quite correct in his observations as to the cause and cure of this painful malady; and my object in now writing is to inquire if any of your numerous readers can inform me if they have ever met with a case of gout in a person who totally abstained from every form of alcohol, or was not perfectly cured by abstaining from the same for two years. When I say gout, I do not mean rheumatism. Charles Dickens, in *All the Year Round*, in an article on "Good Qualities of Gout," says—"A variety of endeavors have been made to define the difference between gout and rheumatism. Thus, gout is rich man's rheumatism, and rheumatism is poor man's gout, which is good only as a figure of speech. Another; put your toe in a vice; turn the screw til you can bear the pain no longer; that's rheumatism. Give the screw one turn more; that's gout." The same writer says—"But men who have lived soberly and temperately all their lives have, nevertheless, had gout from their goutage till the close of their allotted term." Again—"One of our most esteemed medical classics has written, that when once gout has got hold of your system or your family, take all the precautionary measures you may, you will have gout now and then, especially towards the close of winter." I do not believe it, and am quite convinced that alcohol is the cause, and abstinence from it the sure cure of gout.

The Pathology and Treatment of Idiopathic Peripheral Neuralgia.—At the meeting of the Harveian Society, of London, on the 1st inst., Mr. Harry Lobb read a paper on the above subject, which we find published in the *Lancet*, of the 10th inst.:

He commenced by dividing neuralgia into (1) Central, (2) Peripheral, and (3) Reflected. Of the central, arising from disease of the brain or spinal cord, he did not speak. The third division he proposed reserving for a future communication. The second was divided into Idiopathic, Traumatic, and Neuromatous. Idiopathic peripheral neuralgia was described as a stabbing, darting pain referred to the course or a nerve, shooting down the nerve like lightning, coming on suddenly, lasting but a moment, and repeated at intervals; the pain is so acute as to be unendurable if continuous. The part or limb affected with this form of neuralgia is colder, and the skin supplied by the neuralgic nerve is more or less numb, not tender to the touch, the patient liking to be rubbed, and frequently grasping the part with the hands and pressing it. If the neuralgia has lasted any time, there is more or less paralysis in the muscles supplied by the accompanying motor nerve. The author then gave, at some length, his views upon the generation and distribution of nerve-force from the capillary circulation, in order to make his description of the pathology of this form of neuralgia intelligible. He described a sentient nerve as a conductor to the brain of sensations taking place at the periphery; neuralgia is not, therefore, a hyperæsthesia of its healthy function. During health, a nerve has no sensation proper in itself; and if it be struck, cut, or torn, the sensation is referred to the parts to which it is distributed; but in this form of neuralgia it is the nerve itself to which the pain is referred as darting up and down its course. A sentient nerve was likened to an iron conducting wire of a galvanic battery, which, if of a certain uniform diameter, conducts a given quantity of galvanism without being perceptibly affected by its passage; but if a portion of the wire be much finer than the rest it becomes red hot, being unable to conduct the whole of the galvanism, the remainder correlating into heat. So in a nerve; from mal-nutrition, it is unable to conduct normal sensations to the brain; the nerve-current, by affecting the polarity of the nerve itself, gives the idea of pain in that portion of the trunk of the nerve, its peripheric termination at the same time being numbed. The author considered the indications for treatment, therefore, to be increased and healthy circulation, arterial and nervous. After enumerating the usual methods of treatment, he considered the only agent capable of carrying out these indicatiens to be the continuous galvanic current; and he recommended, as the only apparatus that can be adapted to the surface of the body, and capable of generating a sustained current, the Pulvermacher chain—producing a continuous current of galvanic electricity in one uniform direction, mild, yet sufficiently energetic for medical purposes. Mr. Lobb then described the method of applying the chain, and exhibited some experiments with its aid; as the decomposition of water, contraction of muscles, &c. In the treatment of idiopathic peripheral neuralgia, he looked upon the Pulvermacher chain as a specific. Immediately upon adapting the excited chain to the part, a genial glow is felt—not mere warmth, but a sense of vitality in the part; the patient is aware of a life-giving agent, and

immediately says that he is relieved; the neuralgia disappears, and sensitiveness of the surface returns. The paper concluded with several interesting cases in which the continuous galvanic current afforded rapid and permanent relief.

Phantom Tumors.—The *Medical Times and Gazette* relates some cases of phantom tumors, or hysteric tympanitis, which came under the care of Drs. Ramskill and Jones, at the Metropolitan Free Hospital, in which, under the influence of chloroform, as unconsciousness was supervening, the abdomen at once flattened, until not the slightest appearance of tumor existed, although the patient, previous to inhaling the chloroform, had the appearance of having arrived at the full period of pregnancy. No escape of flatus was noticed. As the influence of the chloroform passed off the abdomen quickly resumed its original state, and became, in a few minutes, nearly as prominent as ever. This case would seem to show the importance of anæsthetics in aiding in forming a diagnosis in cases where a phantom tumor is suspected to exist.

Toxical Properties of Chlorate of Potash. Dr. E. J. Fountain, of Davenport, Iowa, replies in the *N. Y. Medical Press* to a paragraph published in the REPORTER giving the substance of a statement made by Mr. Osborn in the *London Lancet*, of the toxical properties of chlorate of potash.

He says:

In order to counteract the baneful influence of the paragraph, which may be going the rounds of the medical press, let me give you a few *facts* from my own experience, while engaged in a special investigation of the subject. Two or three cases will be here referred to, merely to show the fallacy of the imputed "Toxical properties" of the chlorate of potash.

A full history of these cases, with others, will shortly appear in a second report of my investigations on "Chlorate of Potash; and Oxygen, as a Remedial Agent, &c."

In one case of extensive and long-standing ulcerations of the neck, in a person of well marked scrofulous diathesis, I gave the chlorate of potash in *drachm doses three times a day for six weeks*, with the happiest effect, and in all respects directly the opposite from any unpleasant symptom.

I have now under my care a patient who is taking *half an ounce*, of the chlorate every twenty-four hours, for a purpose suggested on theoretical views in my paper published in the *New York Journal of Medicine*, of July last. It is being given for the arrest of incipient tubercular disease in a young lady whose symptoms were very alarming and rapidly progressing in serious character, until the chlorate was administered. The effect is no less surprising than gratifying. The half ounce is taken daily, with not the slightest unpleasant effect. In any case where it is indicated, it should be given as freely as this; and I have sometimes even given one ounce per diem with the best effects and perfect impunity.

It is perfectly innoxious, and the danger consists in giving too little and not too much.

After reading the article quoted from the *Philadelphia Medical and Surgical Reporter*, I called at a durg store and had weighed out for me half an ounce of chlorate of potash, the *whole of which I took at one dose* the same evening. I was in perfect health at the time, and took it simply as an experiment. This was last evening. Shortly after taking it I was called out to attend a case of labor, which occupied me most of the night. I felt no inconvenience from the dose, only a warm glow pervaded the surface of my body in about half an hour from the time it was taken. This morning I feel as well as usual, only having a slight headache, such as I usually have after being disturbed of my rest. It has not even produced any laxative effect, and certainly no manifestation of any toxical properties.

I will conclude this notice of the subject by a quotation from a chemical report, by Dr. Hutchinson, Surgeon of the Metropolitan Free Hospital, England, whose opinions concerning the innocent nature of this article corresponds with my own. He says:

"It is certainly unfair to cite cases of its failure," (speaking of the chlorate of potash,) "if in adults it has not been pushed to an ounce a day, and in infants, to at least a drachm. I have no hesitation whatever in attributing the doubt with which its merits have been regarded by some of late, to the inefficient doses in which they have prescribed it. It is difficult to discover, either from personal observations or from the reports of others, any symptoms which might be taken to indicate disagreement of this remedy. Indeed, its administration in most cases, causes no perceptible effect, except the disappearance of the disease."

Transmission of Consumption by Cohabitation.—The contagiousness of Phthisis Pulmo-

nalis is a controverted question. The following conclusions of a work of M. Bruchon, (*L' Union Médicale,*) appear to us worthy to be taken into serious consideration:

1st. Phthisis Pulmonalis can be communicated from person to person under the influence of cohabitation and the intimate relations which are the consequences of it; a proposition which rests upon facts and reasoning.

2d. The transmission is ordinarily effected from the older to the younger person.

3d. In the great majority of cases the transmission is made from the man to the woman.

4th. This species of contagion is much more to be feared as the person exposed has a greater predisposition to the disease in question.

5th. The influences which contribute to bring about this result are: the identity of the hygienic conditions, the frequent absorption of morbid exhalations that the patient gives off, and fecundation by the latter.

6th. The practical consequences to be deduced relate to prophylactic measures, that is to say, to the removal or diminution of the morbific cause.

Extract of Cannabis in the Cure of Gonorrhœa.—Dr. M. D Mooney communicates to the *Oglethorpe Medical and Surgical Journal*, his experience in the use of the Cannabis Indica in this affection.

Not having seen any prescription of the kind in any of the medical works, I have thought it not amiss to offer for your consideration my experience, of Herrings & Co's (40 Aldersgate street, London,) Extract of Indian Cannabis, in the cure of gonorrhœa. I was induced to use this remedy by the solicitation of a highly respectable gentleman, of whom I procured the prescription in one of the northern cities. I used the following prescription in four cases of gonorrhœa, and was successful in every case, in from five to seven days:

℞ Sugar of milk . . . . . ℥ss.
Ext. Indian Cannabis 20 grs.

Mix well together and divide into sixty powders, one to be taken every three or four hours.

This prescription I am pursuaded will relieve the most obstinate cases in a short time.

Treatment of Dyspepsia.—The following from the Boston *Medical and Surgical Journal* strongly reminds one of an old-fashioned country doctor. The combination is evidently a good one for some forms of dyspepsia:

℞. Ferri carb. precip.
Magnes. calc.
Pulv. ulmi, aa ℥j.
Pulv. cubebæ, ℥ss. M.

Take a teaspoonfull in half a tea-cupfull of water, half an hour before eating.

Astragaloid Disease.—A man was sent up from Cornwall with disease of the ankle-joint of two years' standing, for which he was admitted into the University College Hospital. In the treatment it became a question whether excision of the ankle should be performed, or amputation above it. There were some circumstances favorable for the former; thus all the bones were healthy, except the astragalus and malleolar arch, and possibly also the astragaloid surface of the os calcis. This was determined by examination through several sinuses leading in different directions. On the other hand, there were considerable disorganization of the soft parts, and extreme laxity of the structures around the joint, particularly the ligaments. These were unfavorable for excision. The man himself was willing to submit to excision if he could be assured of its success, but was averse to a long residence in the hospital. Mr. Erichsen, therefore, determined to amputate the leg, which was done on the 1st of June. The astragalus was found carious on both sides, the malleolar arch was rough, and the cartilages replaced to a considerable extent by plastic material. An abscess was present at the outer side of the ankle, and the soft structures were much thickened. The disease no doubt commenced in the astragalus. The articulating surface of the scaphoid bone was also affected; there was some mischief at the upper part of the os calcis, but the cuboid bone was sound.

Four weeks afterwards we found the stump perfectly healed, excepting a little opening in the middle, and the patient was out in the fresh air seventeen days after the foot was taken off. This satisfactory termination has been affected at an earlier period than excision would have permitted.

We have lately seen three cases of disease of the foot, in which the mischief was solely confined to the os calcis. These were in patients under the care of Mr. Cock at Guy's Hospital, of Mr. Holt at the Westminster Hospital, and of Mr. Ure at St. Mary's respectively. Gouging away the necrosed portion has proved successful in all three.—*Lancet.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 31, 1859

"Through the shadowy past,
Like a tomb searcher, memory ran,
Lifting each shroud that time had cast
O'er buried hopes."

During the year which, as we write, is drawing near its close, we have recorded a remarkable succession of losses to the medical profession, and to science generally.

As the opening of a year is naturally the time for anticipation, its closing scene should be one of retrospection. As it has passed "as a tale that is told," let the story end with a moral.

If now, before the misty veil of forgetfulness obscures the vision, we look back over the short period of the year now passing away, some sorrowing memories will be awakened. Vacant chairs sadden many firesides, and dark shadows fall on many high places in the ways of science. Among the recently departed are numbered some of the most eminent names of modern times. Some of the first-born in science, while toiling up the rugged path, have been early blighted, and fallen with the excelsior banner upon them. The great sage of our times, whose years had stretched almost from the middle of the last to the middle of the present century, has at last yielded, like a disarmed giant, and, weary of the conflict of life, tottered to his repose in the mother-like lap of Nature. The voices of eloquent teachers among us have faltered, and are now stilled in the breathless slumber. Hands which lately wielded the magic wand of science, or the pen, are peacefully folded over breasts which throb not, in the great sleep of nature.

Of some of these will be recorded full memoirs, but others have gone down to dusty death unsung, and, beyond the limits of their late social circles, will soon be forgotten. It has been in our power, as journalists, simply to take note of their departure,—to have told their virtues and their deeds would have rendered these limited pages but a sad thanatopsis to their memories. Yet such memories of the departed ought to be perpetuated on imperishable tablets, which might stand to the living as finger-posts, marking the devious way for those who would follow them to the heights which they had reached.

The cheering influence of histories of the struggles and triumphs of those into whose vacant places we are stepping, would be an object worth gaining. The toiling practitioner and student have much to dampen their ardor, and could they oftener see the foot-prints of those who have preceded them, they would be incited and encouraged.

The following fragment, from a late address on the life and labors of Laennec, by Dr. Flint, has led us to reflect on the general neglect of the memories of worthy members of the profession:

"The medical profession, as it seems to me, has been remiss in often failing to place on record, for the benefit of posterity, the life-histories of its distinguished members. The profession does injustice to itself, as well as to the memories of those who have deserved to live in honorable remembrance. The contemplation of the lives of worthy brethren who have gone before us, is well calculated to stimulate our zeal, guide our aims, encourage us to persevere, and increase the attachment to our calling. The profession is remiss in not doing more toward popularizing medical biography. It is mortifying to reflect that even the names of those who have rendered signal service to humanity by discoveries or improvements in medical science, are barely known to the intelligent portion of the community. It would be difficult to find many persons in any community, out of the ranks of the medical profession, who are aware that such a man as Laennec ever lived. Or, to take a more striking illustration, how small a proportion of those who would blush to be considered wanting in general information, are familiar with the name of the immortal discoverer of vaccination; and yet, owing to the genius, boldness, industry and perseverance of Jenner, millions have been saved from death from the most loathsome of diseases! I cannot but think that the public estimation of our profession would be in no small measure enhanced, were a fair share of the popular biographical literature allotted to the lives of medical men. To the student in medicine, medical biography is especially to be commended, not merely as an attractive province

of polite learning, but because it cannot fail to exert a salutary and lasting influence upon the character. Let the young mind, anxious to fulfil its mission, go to the past and study the lives and labors of the great and good men, whose destinies in the world have been accomplished. Who can doubt that it is in the order of Providence for the illustrious dead to serve as shining lights for the living. To illume the paths of those who are to follow in their footsteps, was a part of their mission. This thought should stimulate the desire to live beyond this bodily existence, in the cherished remembrance of mankind It is a noble and virtuous ambition to strive thus to survive on earth, the brief term of mortal life."

But it is not alone the memories of the great ones of times long past which are neglected in the profession and ignored by the public. In the present time when literature of every form and character is spread broadcast, the good that men do should be made to live after them.

The medical profession needs not only some Old Mortality to refreshen the imprints of time-worn memories, but also those who will save from oblivion the good deeds of those who are yearly falling around us.

These records would be the laconic lessons of life times, and though the peaceful career of the physician yields not usually the materials for an exciting biography, the narrative cannot fail in interesting all who love the profession whose object is the devotion of science to humanity.

"WHO SUFFER FROM THE QUACKS."

Such is the title of an editorial note in a recent number of the *Lancet*. It seems that Mr. Jones, a tradesman not over-burdened with either money, wit, or wisdom, suffered himself, as many others, like him in every respect do, to be imposed upon by quacks. When, however, his eyes were opened, and he realized that he had been imposed upon, he had the pluck to prosecute the impostors, and had them convicted and punished. The prosecution cost Mr. Jones three hundred dollars, and, as he could ill afford to lose the money, the magistrate before whom the case was tried led off in an attempt to reimburse the amount to him. Let it be remembered that this was a matter of lawyer's fees. If it had been a physician's or a surgeon's fees, the matter would have been very easily settled by Mr. Jones getting a receipt in full, and no loss to him, or appeal to the public. Lawyers must be paid for their precious services, whether physicians are or not! The *Lancet* says:

"Mr. Norton, greatly sympathizing with the pecuniary loss of Mr. Jones, the prosecutor of the Bennett and Watters gang, has suggested from the magisterial bench that the medical profession should defray those costs. He remarked that the profession were more interested than the public in the punishment of these rogues. We emphatically dissent from that dictum. If we have any interest in the matter, it is in their continued prosperity. These *togati vultures* prey upon the public: but to the great body of medical practitioners they act rather as jackals than vultures. They terrify, they injure, they sicken the healthy; they keep constantly before the eyes of those who are well and sound, gloomy pictures of probable disease and death; they identify the most ordinary symptoms of derangement, or even natural physiological conditions, with the precursors of horrible and loathsome maladies. A headache, a pain in the back, a thickness in the urine—the habitual indications of momentary indisposition, they loudly, publicly announce as the forerunners of disease. If the nervous man blushes or the idle man yawns, if the student is sensible of lassitude, or the laborer of fatigue, he learns from them that these sensations are the awful warnings of imaginary and shadowy evils. Not one of us but has profited by the groundless fears with which these scoundrels have thus, for their own base purposes, inspired young men; for they frighten thousands whom they do not attract. It is true that medical practitioners have combined, earnestly and energetically, to denounce and to prosecute these fellows. But if they have done so, it is because they are actuated by the highest and noblest motives; it is because so shameful a desecration of an art which has in it a sacred element outrages their feelings; it is because they are not content to stand idle and see the wrong done, of which they alone know the full extent. It is not our interest, and it is doubtful whether it can be called our duty, to avenge the wrongs done to others, and which are profitable to us. But it is the interest of the public to protect themselves from the injury which such herds of impostors habitually inflict. It is for the rich, who suffer less from this plague, to help the poor, who suffer most from it, and who suffer in ignorance.

The prosecution of these men should be undertaken by a society of laymen; and it is to the general public that Mr. Jones should be able to look with confidence for reimbursement of the few score of pounds which he has expended in relieving them from a gang of impostors who levied an annual tax upon them of nine thousand a year, to the detriment alike of their pockets and their persons.

We heartily endorse every word of the above. Whether it is so in England, we know not, but in this country one of the most potent engines used by quacks to *frighten* the people into purchasing their medicines, is the publication of medical pamphlets, sometimes under cover of an almanac, or treatise on hygiene, and in books addressed particularly to women, and *secretly* sold to them. In these works revelations—many of them fully illustrated—of the most abominable, loathsome and filthy kind are made. The result is fairly stated in the quotation from the *Lancet*, above. It has been our experience, and we presume it is that of many other practitioners, to be called to patients, and have them go to a sly corner and take from its hiding place one of these abominable books, and thurst it under our nose, with "dogs ears" turned down here and there, to places which they fancy describe the malady under which they labor.

Homœopathy and hydropathy have used this engine for advancing their interests, with great diligence and success. They owe their very existence, in great measure, to a judicious use of their "manuals."

THE CLOSING YEAR.

This number of the REPORTER closes the labors of 1859. If any of our readers wish to know whether we have *worked* during the year let them gather together their numbers from January 8th to December 31st, inclusive, and they will find that they will make a portly volume in size—and if the contents be examined, it will be found that the work contains a vast amount of medical information, presented in a concise manner. We confess, that we look upon the result of the year's labors with a good deal of complaisance.

But a time like this carries us further back than one short year. In December, 1850, the REPORTER, which was then a quarterly, was easily carried to the post office in the form of a bundle under the arm. Now it requires several large mail bags *every week* to supply the demand. Truly, we have received many tokens of favor at the hands of the profession, and the experience of the past gives us increased confidence for the future! We shall commence the labors of a new year in the belief that by the time it has rolled around, our present subscription list will have doubled.

Discussion on Anæsthetics.—We trust that our readers will not overlook the important discussion on anæsthetics, recently had before the Academy of Medicine of New York, published in this number. The views of that eminent physiologist, Dr. John C. Dalton, are worthy of special attention.

Coming back.—As we expected, many of the medical students who left this city last week under a temporary excitement, are returning, to continue their studies here. We have no doubt but a large proportion, if not most of those who left, will eventually finish their studies in this city. We repeat, what was intimated last week, that other than political influences were the most potent in creating the excitement, and that its reactionary effect will be beneficial rather than injurious to the cause of medical teaching in this city.

Employment of the Salts of Lead in Phthisis.—It having been lately announced that the saturnine medication had proved beneficial in tubercular disease, several practitioners have given their experience to the various medical journals of France, and all deny its efficacy. Of three cases reported by one gentleman, two had died, and one was worse than before the treatment. Another says that he made use of the carbonate of lead in but two cases, in these the maracmus and debility were instantly aggravated, and the medicine was obviously injurious.

News and Miscellany.

Dr. Valentine Mott.—The veteran Surgeon, Dr. Mott of New York, still continues active at an age when most surgeons are physically incapacitated for their responsible duties,—when the hand falters, and the eye can no longer lead the knife safely through the labrynth of human structure. Yet he uses no artificial aid to his vision, and his hand moves with its long-accustomed precision.

Dr. Mott has exceeded any American Surgeon in the number of his operations, and has probably performed more than any person now living. He did much in early life to develop an American Surgery, and his name is frequently recorded as the first to perform many important operations.

He admits his indebtedness to a long study of surgical anatomy for his great success as an operator, and his knife can scarcely touch a fibre but with which his accurate study of the cadaver has made him familiar. He expresses a contempt for that surgery which follows certain mechanical rules and measurements without requiring a precise knowledge of relative anatomy for its only guidance.

Now he stands a living monument of surgical progress, blending an immense experience of the past with the most recent improvements of the present.

Professor A. Von Graefe's Ophthalmological Clinic at Berlin.—(*Med. Times and Gazette*) —This is by far the largest Ophthalmological establishment in existence, as besides several thousand out-door patients, above 100 beds are made up. Certainly, if diseases of the eye are not well taught there, it will not be from want of lecturing upon them, as may be seen from following programme for the Session 1859-60:—1. Optics, Dr. Leiberich; 2. Introduction to the Microscopical Examination of the Eye, Dr. Schweiger. 3. On the Diseases of the Eye, Professor A. von Graefe. 4. "Propädeutische" Clinic of Diseases of the Eye, Dr. Michaelis. 5. Private Clinic of Diseases of the Eye, Professor A. von Graefe. 6. Private Ophthalmoscopic Practice, Dr. Liebereich. 7. Private Exercises on the Functions of the Eye, Dr. Liebereich. 8. Recapitulations of the entire subject of Eye Diseases, Dr. Michaelis. 9. Private Lectures on Operations, with practice on the Phantom and Dead Body, by Professor A. von Graefe. 10. Private Course of Operations on the Eye, Dr. Schuft.

Hydropathy is to be tested in the Military Hospital at Moscow, the Emperor of Russia having ordered that one hundred beds be placed at the disposal of Dr. Kreyser for this purpose.

Illegitimacy.—The proportion of illegitimate births in Scotland, (says the *Lancet*) is very large, but in France, Austria and Prussia matters are far worse. In Scotland it stands at one to ten; but it is stated that in Paris and Vienna every third child is illegitimate; and in Munich, years have even occurred when the number of illegitimate births has surpassed that of the legitimate. In London, the children born out of wedlock are as one to twenty.

Army Intelligence---Court Martial.—Assistant Surgeon Horace R. Wirtz, Medical Department, U. S. Army, was recently arraigned and tried before a Court Martial on the following charge and specifications. We cannot but regard Dr. Wirtz's conduct in this case as having been reprehensible, and unprofessional in the highest degree. Whatever insult, real or fancied, Dr. Wirtz may have received, it was no time to revenge himself for it when called to attend in an extreme case of illness:

Conduct to the prejudice of good order and military discipline.

Specification 1st. That said Wirtz, on the 15th of July, 1858, did, at Fort Steilacoom, neglect and fail to give medical attendance to the family of Lieutenant Colonel Casey, U. S. A., when called for that purpose.

Specification 2d. The same with the concluding part changed to read "when required by said Casey to do so."

The accused plead "not guilty" to the charge and 1st Specification, and "guilty" to the 2d Specification.

The Court found him "guilty" on the charge and 2d Specification, and "not guilty" on the 1st Specification; and he was sentenced to be reprimanded in general orders.

The Court said it was thus lenient because of doubts entertained by officers of the medical corps whether it was their duty to attend the families of officers. The fact that professional advice and assistance were rendered in a private manner through the civil physician engaged, tends to manifest the absence of any disposition to withhold from a sick family, services demanded by right professional feeling and ordinary humanity.

The Secretary of War issued the following in the case of Surgeon Wirtz:

War Department, Dec. 7th, 1859.

The Department disapproves the acquittal of the 1st Specification. The case was one of serious illness. The Assistant Surgeon declined to attend, stating that he "felt somewhat indisposed that evening," and that "some physician" might be had at a place "23 miles" off. The Commanding officer testifies that he knew of none nearer than 74 miles.

The conviction of the 2d Specification and of the charge, is confirmed. The case was one of extreme urgency; a case of paralysis. The Assistant Surgeon refused to render professional aid. He intimates personal feeling as the ground of his refusal; and alleges that a physician was within a mile and a half. The Commanding officer states that he had no knowledge of the person he was compelled to employ.

The Department believes that the object of the sentence of the Court is affected by the simple publications of the facts in orders.

The Department regrets to discover, from these proceedings, that an explanation of the regulation in this matter can be needed. It provides that the medical officers of the army shall attend, as an official duty, the families of their brother officers and soldiers when other medical attendance cannot be procured. This, of course, means other competent medical attendance, and to be procured in due time and with reasonable convenience. It may be needed instantly and on the spot. The circumstances which bring a case within the regulation cannot be defined; nor can the Department conceive, from the high tone and professional feeling of the Medical Corps, that such definition can be necessary. For the Corps in general, the regulation, even as it stands, is unnecessary. But it is intended to meet those rare cases of neglect and misconduct which it is possible may occur. And in making the attendance on families in case of necessity an official duty of the Corps, the Department does not suppose that their services will not be rendered freely in all cases, and received with the grateful appreciation which is their due. The regulation, paragraph 1133, is so far amended as to authorize medicines to families.

Assistant Surgeon Wirtz will be released from arrest and returned to duty.

JOHN B. FLOYD,
Secretary of War.

Dr. Wm. A. Carswell, of South Carolina, has been appointed to be Assistant Surgeon in the U. S. Army, *vice* Surgeon Babcock, deceased.

Leave of absence for six months has been granted to Surgeon D. C. DeLeon, Medical Department.

Cholera is said to be prevailing in a very fatal form in the north of Africa. In a body of 400 artillery-men, 144 died of cholera in a short time.

The Press says that Dr. Mott performed, a few days ago, his *one hundred and sixty-fifth operation* for lithotomy.

The new chair of Pharmacology—We learn from the *Med. Times and Gazette*, that the Faculty of Medicine of Paris has converted the Chair of Pharmacy in that institution into one of Pharmacology, thus separating Materia Medica from Therapeutics. M. Reguault has been nominated the first professor. M. Dumas, in his report to the Minister of Public Instruction, says,—"The course of Pharmacology will comprehend:—1. An exposition of the general procedures for the preparation of Medicines. 2. The special examination of medicinal agents in relation to their natural history, their chemical and physical characters, their pharmaceutical forms, and their adulterations. 3. The art of constructing formulæ. 4. The history of natural and artificial mineral waters; and 5. The ancient and modern history of pharmacy." The following are the motives which have induced the commission to unite the materia medica itself to pharmacy, and to separate it from therapeutics. "The materia medica, or the natural history of drugs, is a branch of the teaching the art of healing; the basis or point of departure of which is rather to be sought amidst the collections of the naturalist, and in the shop of the pharmacien than at the bedside. On the contrary, it is at the bedside that therapeutics must be studied; and when the Faculty has to choose a professor of therapeutics, it has, ministering to the wants of its pupils, to occupy itself with the doses in which medicines should be prescribed, the preferable forms for their administration, and the effects to be expected from their action, regard being had to the condition and strength of the patient, the complications of the disease, and the general conditions of time and place. Therefore, it selects a clinical observer, who by habit and taste is in

general a stranger to the study of the materia medica, which in his hands is confined to the history of the usual remedies. But for the chair of pharmacology a candidate must be chosen who is specially prepared, by his practical knowledge of simple drugs, and by his studies in the two-fold direction of chemistry and natural history, to undertake a good and complete course of materia medica."

Anthropological Society.—Following the example of the æthnological associations in England and the United States, certain French savants have united themselves together under the above title. Laudatory reference is made to the works of Morton and Gliddon. The officers of the new society are, MM. Martin Magron, *President;* Béclard, *Vice President;* Broca and Dureste, *Secretaries;* Lemercier, *Archivist;* Godart, *Treasurer.*

Marriage of Cousins.—Governor Magoffin, of Kentucky, recommends the legislature of that State to prohibit by law, under severe penalties, the marriage of cousins. He says that the imbecile, insane, deaf mutes and blind in the different asylums of that State, who are the offspring of cousins, is from sixteen to twenty per cent. of the whole number; and he claims that it is the right and duty of the State to protect herself against the evil and expense by forbidding such unions, which nature plainly forbids by the natural penalty she uniformly inflicts.

Curious Effects of Flaxseed.—M. Chabrely, in the *Journal de Medicine de Bordeaux,* gives some curious instances of the *seemingly* poisonous action of this usually innocent substance, on persons affected with a certain idiosyncracy. He has seen the application of a flaxseed poultice, on a blistor, followed by all the symptoms of œdema of the glottis, while at the same time a papular eruption covered the body from head to foot. When the poultice was removed the symptoms soon disappeared. A grocer could not handle ground flaxseed, without experiencing something resembling angina pectoris, accompanied by a papular eruption and itching; he could touch linseed oil with impunity.

The most curious case was of a lady, in whom the simple smell of the flaxseed produced violent asthma, and crowded her body with an erythema; if she touched ground flaxseed to make a poultice, *instantly* the whole mucous membrane was irritated, eyes, nose, air passage, genito urinary organs, and stomach, all reddened and became the seat of the most violent and intolerable itching; the only remedy was to carry her into the open air.

Impressed by these facts, M. Chabrely proposes, in inflammation, to replace flaxseed poultices by those of rice flour, cooked with water, as has already been adopted in the hospitals of Bordeaux, by Prof. Chaumer, who finds them eminently antiphlogistic and useful, provided they are put on cold, and are frequently renewed; for as soon as they undergo acid fermentation, they change their properties and become hard and irritating.

Bellevue Hospital.—Dr. J. T. Metcalfe has resigned his post of Physician to this institution. This has occurred, we fear, from ill health, as he has departed for the South on that account. Dr. T. G. Thomas has been appointed in his place, and also temporarily lectures for him in the University of New York.

Hospital for Epileptics.—We learn from the *Lancet* that in accordance with a suggestion of the late Dr. Marshall Hall, who took great interest in the pathology and treatment of epilepsy, a hospital for epileptics is about being established in London, and it is expected that the distinguished Dr. Brown Séquard, of Paris, will become one of the physicians of the institution.

Longevity.—The following may be seen on a gravestone in Derwen (Denbigshire) churchyard: "Husband died, aged 103; wife died, aged 98; their son died, aged 97; their daughter, aged 107; their grandson, aged 98; total, 499; average 99½."

The New Directory.—We have just received the first copy from the press of Cohen's Philadelphia Directory for 1860. Such a vast accumulation of items could not, of course, at the first edition, be accomplished without some errors, yet an examination will show its superiority over anything of the kind yet produced. The responsibility of the work has rested entirely upon the proprietor, to whose energy and enterprise this city is indebted for the most complete directory in this country. As every practitioner has need of a copy, it had better be secured at once, as there are few printed beyond the number required to supply subscribers. Office No. 696 Chestnut street.

To Correspondents.

Dr. B., Penna.—We have had no personal experience in the use of Propylamin in rheumatism. Refer to pages 289 and 438 of the last volume of the REPORTER. There is strong evidence in favor of the remedy, but it is not unlikely that too much is claimed for it, as is apt to be the case with new remedies. You can rely on the firm you name for a pure article.

Sunlight is the best agent for whitening skeletons. Solutions containing chlorine are often used for the purpose, but they injure the bones, and should not be employed.

Dr. F., New Haven, Conn.—Your letter fails, after all, to inform us what number of the REPORTER is still missing to complete your file. We can, and will supply it, when we know what number is wanted. As to the other—*eh bien.*

Dr. F., Darlington, Md.—Books forwarded by Adams' express.

Dr. V., Montezuma, Iowa.—We can furnish the REPORTER in its weekly form from the commencement, at the original subscription price. See notice on cover. We can also furnish a full set of the monthly series, except half of the first volume—in all ten and a half volumes. The price is $10.

A correspondent, whose letter is mislaid, but who we think resides in Ohio, is referred to the second volume of the REPORTER, p. 85, for the Regulations for Admission and Promotion in the Medical Department of the Navy. The candidate should notify the Secretary of the Navy of his intention to apply for admission. If possible, he should get an introduction from a Senator, Representative or other person, though if he obtains a position in the Navy it will be entirely *e merito.* If our correspondent has not the copy of the Reporter by him (April 23, 1859,) we can forward it to him

Dr. A. H. H., Rich Gulch, California.—The following works have been forwarded by mail: Gray's Anatomy, Meigs on Diseases of Women, Dunglison's Dictionary, Fowne's Chemistry, Paget's Pathology.

Dr. H., Powesheik co., Iowa.—You will find your question in regard to Popylamin answered above.

COMMUNICATIONS RECEIVED.—*Connecticut,* Dr. C. C. Foote—*Delaware,* Dr. W. S. Forwood—*Georgia,* Dr. W. W. Wall—*Iowa,* Dr. J. H. H. Vesk, (with encl.)—*Kentucky,* Dr. George Cowan, (with encl.)—*Massachusetts,* Dr. C. Williamson—*Nebraska,* Dr. J. B. Maun, (with encl.)—*New Jersey,* Dr. W. Johnson, Dr. J. N. Woodhull, (with encl.,) Dr. Robert B. Browne, Dr. C. R. Prall, Dr. Jno. M. Snowden, (with encl.,) Dr. Louis S. Blackwell, (with encl.)—*New York,* Gotham, Dr. E. H. Parker, Dr. Ch. F. J. Lehlbach—*Ohio,* Dr. C. T Hash—*Pennsylvania,* Dr. B. D. F. Baird, Dr. J. L. Stewart—*Virginia,* Dr. Thos. E. Shauds.

Books Received.—We have received the following works: Transactions of the American Medical Association for 1859; Proceedings of the Third National Quarantine and Sanitary Convention; Metcalf on Caloric.

Payments to Mr. Hulme.—J. L. Atlee, Jr., H. S. Carpenter, F. W. Vandersloot, Jacob Hay, H. M. McClellan, John F. Fisher, James W. Kerr, F. Hinkle, A. N. Breneman, B. J. Westling, C. J. Prato, John Curwen, W. M. Guilford, J. Bristenbach, John S. Tryon, S. K. Treichler, D. S. Cooper, H. A. Fahnestock, Isaac Riley Bucher, C. J. Gloninger, Henry Ruby, R. C. Hays, A. J. Herman, Thomas J. Moore, John Lowman, Andrew Yeagby, Robert Brown, S. S. Marchand, W. S. Woods, A. C. Murdock, J. N. Christy, B. M. Failor, R. Hillt.

Office Payments.—Dr. J. S. Moffitt, Dr. J. S. Mulford, Dr. Jas. R. Wood, Mr. S. W. Hilles, Dr. Winkler.

Missing Numbers sent to Dr. T. W. Blatchford, *N. Y.*, Dr. C. R. Prall, *N. J.*, Dr. W. C. Larkin, *Texas,* Drs. Dashiell and Chester, *Tenn.*, Dr. C. C. Foote, Dr. W. H. Myers, Dr. W. W. Wall, Dr. J. L. Stewart.

MARRIAGES.

COLFAX—COMSTOCK—At Hartford, Conn., on Christmas Eve, by Rev. N. J. Burton, Mr. Albert Comstock, of New York city, to Miss Anne, daughter of Dr. W. W. Colfax, of Pompton, N. J.

GLOVER—TERHUME—Dec 21, in Brooklyn, by Rev. Dr. Kennaday, John J. Glover, M. D., to Miss Margaret, daughter of A. Terhume, Esq., all of Brooklyn.

DEATHS.

BABCOCK—At Gainesville, Texas, Oct. —, 1859, Assistant Surgeon Wm H. Babcock.

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The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

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The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

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The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

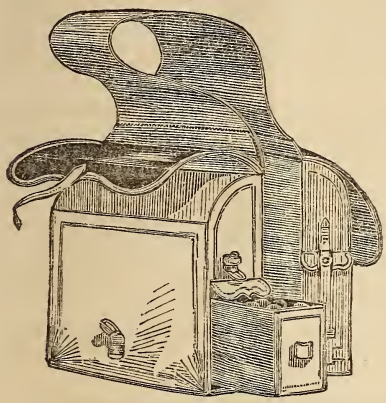

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing 24 vials, $10.50
" " 20 " 9.50
" " 16 " 8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

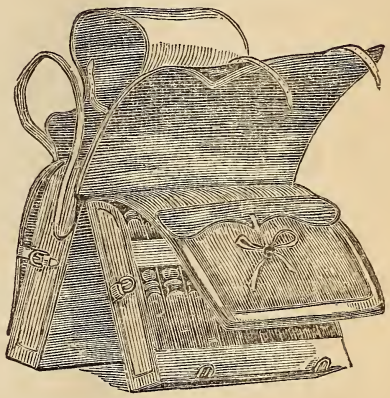

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

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" " 28 " 11.00

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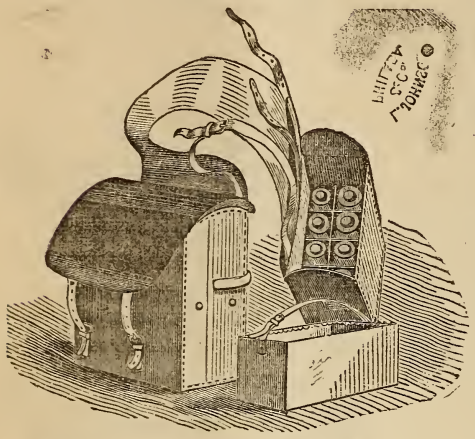

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 168. } PHILADELPHIA, JANUARY 7, 1860. { NEW SERIES VOL. III. NO. 15

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 20.

ORBITAL REGION.—The fact that the eye administers so largely to the physical, intellectual aud moral well-being of man, is sufficient to excite an interest in its study, second to no other part of the human organization. In many regions even ignorance may stumble along without doing any great damage, but when this complex and delicate mechanism is approached, there can be no safe attempts without knowledge.

This organ, and its appendages, are situated within and without the orbital cavity, which will furnish us the basis of a division into extra-orbital, and intra-orbital regions.

Extra-orbital region.—This region embraces an association of parts called the *tutamina oculi*, the several parts of which are the eyebrows, eyelids, and lachrymal apparatus, (a portion of the latter being within the orbit.)

Eyebrows.—These consist of skin, fascia, muscles, bloodvessels, and nerves, surmounted with hair, and supported upon the supercilliary eminences of the frontal bone.

The hair is stiff and curved in the direction of the temple. That along the lower margin of the eyebrow inclines upward and outward; that on the upper part downward and outward, so that they meet and overlap, forming a prominent line in the centre for at least one-half their transverse extent. The skin is dense and very closely attached to the muscular stratum by a scanty bond of subjacent connective tissue. Beneath this an interlacing of muscular fibres exists, consisting of the frontal part of the occipito-frontalis, orbicularis palpebrarum and corrugator supercillii.

The *orbicular* muscle surrounds the orbit and eyelids, its fibres concentrically arranged, forming an elliptical plane. They arise from the internal palpebral ligament (yet to be described) from the inner angular process of the frontal, and the nasal process of the upper maxillary bones, and passing outward, covering the supercilliary ridge and upper eyelid, descend along the outer side of the orbit, over the temple, and finally sweep forward below this cavity, covering the lower lid, and the origin of several of the facial muscles, after which, collecting their fibres into a compact mass, become inserted into opposite points to those from which they arose.

The *corrugator supercillii* is connected by its inner extremity to the internal angular process of the frontal bone, and by its outer, to the under surface of the eyebrow.

Bloodvessels.—The frontal and supra-orbital arteries, branches of the ophthalmic are rather beneath than within the eyebrow; they emerge from the orbit, the former at the inner part, the latter through the supra-orbital notch, which is situated at the junction of the inner and middle third of the supra-orbital ridge, and so ascend to supply the scalp.

Nerves.—Two twigs accompany the arteries just described, having the same names, both of which are branches of the fifth pair and nerves

of sensation. In addition to these the temporal trunks of the facial, distribute some filaments to the eyebrow, which are nerves of motion.

Practical observations.—The eyebrows, when moderately large with a gentle arch, especially if associated with a broad or elevated forehead, stamp the countenance with a marked degree of intellectual force. When very prominent and heavy, they give the idea of both mental and physical strength, particularly the latter. As their size is determined by the amount of their muscular constituents it would be but natural to expect that it would coexist with that general muscular developement which confers animal strength. Their prominence, as found sometimes in those of ordinary capacity of mind, is occasioned by the great anterior development of the cranium, which generally co-exists with such mental endowments. The hair which surmounts them, while it may be regarded as ornamental in no small degree, will catch and entangle small particles of dust, which otherwise might annoy the eye. When the eyebrows descend they shade the eye, cutting off a certain amount of upper light which is unfavorable to either near or distant vision. For this reason, when narrowly inspecting an object, they are strongly brought down, and hence persons whose pursuits require such a movement to be frequently maintained, are apt to wear a habitual frown. The firm connection of the skin to the parts below, admits of but little retraction in wounds, and, like the scalp, is prone to be attacked by erysipelas. Tumors here are usually encysted, such as involve the follicles of the parts.

Incisions over the brow should be made transversely curvilinear, that they may conform to the course of the fibres of the orbicular muscle. The attachment of the frontal portion of the occipito-frontalis muscle to the orbicularis palpebrarum, enables the former to elevate the brow, which when exercised in a moderate degree, imparts an open, happy and guileless expression to the countenance; and when in excess, one of surprise or inquiry. These ever varying shades impressed upon the forehead, furnish the foundation of that sentiment of Pliny :

Frons hominis tristitiæ, hilaritatis, clementia, seventatis index est.

The continuation of the orbicular muscle over the eyelid will enable the occipito-frontalis to raise the lid when strongly contracting. This connection may be advantageously employed in falling of the lid (*ptosis*), as in Hunt's operation, by removing an elliptical portion of skin from the brow and lid, so as to connect the palpebral portion of the orbicular muscle to the fibres of the frontal. The hair of the eyebrow in such a case will become useful in concealing, in a measure, the cicatrix. The action of the corrugator muscles draws the eyebrows inward, and produces vertical wrinkles, which gives the expression of frowning. Habitual study produces the same result, from constant frowning over the objects of research. If these were placed on a level, or above the eyes, such would not take place. This frown will be found to accompany certain morbid conditions, as in colic, peritonitis, ophthalmia, etc.

Wounds of the brow have long been considered as serious. Amaurosis may follow such and may probably be explained from the injury done to the supra-orbital nerve, which not only confers sensation on the eyebrow, but also the eye before it reaches the forehead. Or it may result, when following a blow, by the transmission of the force from the supercilliary ridges toward the body of the sphenoid bone, producing fracture or concussing the chiasm of the optic nerves, or some other part of the encephalon.

Neuralgia of the brow involves the trunk of the supra-orbital nerves. When it is considered necessary to divide this nerve, it may be readily reached by remembering its position, at the junction of the inner two-thirds of the upper margin of the orbit. The sensation of the eye and of the eyebrow depending on the same nerve, explains the spasmodic contraction of the orbicularis palpebrarum in such forms of ophthalmia as heighten the general sensibility of the parts, the best example of which is the strumous. As the eye-

brows rest upon a portion of the frontal bone, enclosing the frontal sinuses, their injuries may be connected with fracture of the walls of these cells.

Eyelids. — These are movable curtains placed in front of the eye. The upper larger than the lower, and consisting of skin, fascia, sebiperous glands, muscle, cartilage, Meibomian glands, blood vessels, nerves, lachrymal papillæ, eye lashes, and lined by connective and mucous tissue. The skin is very delicate, and presents concentric wrinkles; it terminates at the free border of the lid, by joining the conjunctival lining. Its connection to the muscular layer of the lid is slight, from the loose and elastic nature of the subcutaneous connective tissue, which is made up of very beautiful silvery looking fibres, and devoid of fat. The muscular stratum is derived from the orbicularis palpebrarum, the fibres of which are much paler in color than the supercilliary part of the same muscle, resembling more the smooth variety of muscular tissue. At the very edge of the lids a rim of fibres is described as the cilliaris muscle, which is supposed by Mr. Walton to exercise no small influence in producing entropion.

Arteries.—The proper arteries are the superior and inferior palpebral, furnished by the ophthalmic, although other small branches which come from the facial, temporal, and internal maxillary, may be traced into their structure.

Nerves.—They are the palpebral twigs from the fifth pair, nerves of sensation, and palpebral branches from the facial filaments of motion.

Tarsal cartilages.—They are two in number, the upper the larger of the two, semilunar in form, and concave on their occular surface, corresponding to the convexity of the eyeball. They form the proper skeleton of the lids. To the superior and inferior circumference of the orbit, they are connected by fibrous tissue, while at the inner and outer points this tissue is collected (especially at the inner) into strong cords, the external and internal palpebral ligaments. The internal one is called the *tendo occuli*, it is connected to the edge of the lachrymal grove or nasal process of the upper maxillary bone, and dividing, sends a process to either cartilage. Being placed in front of the lachrymal sac, as will be hereafter stated more particularly, it forms a very important anatomical feature of this part. Its position can be made very prominent by drawing the lids strongly outward.

On the Treatment of Acute Rheumatism by Citrate of Potash.

By John W. Lodge, M. D.,
Interne of Philadelphia Hospital.

It must be admitted that, in the present state of our knowledge, we know comparatively little of the pathology of that very painful and sometimes dangerous disease, Acute Rheumatism. Various complex, and often directly antagonistic theories, have been offered by different observers. The idea that the disease is but an ordinary inflammation, is not without supporters. Some, again, are content with affirming that there is a peculiar predisposition lurking in the system which only requires some exciting cause for its manifestation. Regarding the nature of this rheumatic diathesis, we are not informed, except by comparatively few pathologists. Prout and his followers, believing in the abnormal existence of some acid in the circulatory system, have declared it to be the lactic; whilst others, with, perhaps, equal reasons for the conclusion, have supposed it to be uric acid.

That rheumatic is very different from ordinary inflammation, is evidenced by the phenomena which attend it. Common inflammation developed in a large joint, the knee, for instance, is a local disease of long and tedious course, never suddenly leaving the original site, and appearing in the ankle or opposite knee joint. Again, in rheumatism, the natural hue of the tissues is but slightly changed, whilst all are familiar with the intense and lasting redness which accompanies other kinds of severe inflammation. These facts, together with the absence of suppurative termination, must convince us, whatever the real pathology may be, that it is entirely different

from sudden and acute attacks of ordinary inflammation. Whilst the pathologist has been busy with his investigations concerning the *materies morbi*, the therapeutist has not been idle regarding the modes of treatment; and it is the object of the following cases to add a mite of testimony in favor of a plan which promises to be more successful than any other. I allude to the saline, and these cases are produced in support of its efficacy:

Peter Murphy, aged 63 years, of intemperate habits, was admitted into the Philadelphia Hospital, April 25th, 1859, suffering with acute rheumatism. He had been living for some time in a malarious district in the lower portion of the city. The disease, which commenced about one week previous to his admission, had affected the larger joints of the superior and inferior extremities. The pain in these parts was intense, the slightest movement causing almost unbearable agony; pulse frequent, skin hot and dry. The heart was carefully examined without detecting any abnormal sound. The patient complaining of having passed several sleepless nights since the attack, he was ordered 10 grs. of Dover's powder, and sent to bed. On the following morning, Dr. J. Aitken Meigs, one of the consulting physicians of the hospital, was requested to see him. The patient was ordered drachm doses of the citrate of potassa, to be taken four times daily, largely diluted with water. On the third day after the commencement of the medicine, the pain in the affected joints had subsided, the skin became moist, the patient being in every respect improved. He continued improving rapidly and permanently, and on the eighth day after his admission, requested his discharge. In this case no cardiac symptom was developed.

Wm. Lesher, aged 31 years, entered the medical ward on the 2d of May. On the 7th I was requested by my colleague, Dr. Bragg, to visit him. Nearly the whole of the external surface was affected, and a feeble friction murmur heard over the base of the heart. From the time of his entrance until the 7th, he had been under the ordinary treatment without improvement. Acting upon the success of Dr. Meigs' prescription in the preceding case, we ordered him the salt with the same directions. The result of this case fully confirmed our opinion regarding the first. The rapid diminution of pain in this case was surprising. The cardiac and other symptoms gradually subsided. This patient was discharged cured on the 16th.

James McCreary, aged 44 years, admitted on the 20th of May; the disease confined principally to the joints of the superior extremity, the parts considerably swelled and painful, skin hot, and the pulse about 105. He was jaundiced, but there was no cardiac complication. By the same remedy this man recovered, and was discharged on the 30th, ten days after his admission.

Michael Rice, aged 57 years, of intemperate habits, was admitted on the 3d of June, after a protracted debauch. All the large joints were affected. He complained of thirst and intense pain in the head; as in the other cases, he had considerable fever. Over the apex of the heart was heard a well marked bellows murmur. In addition to the salt, small doses of hydrarg. chlor. mit. were prescribed every fourth hour. The termination of this case was as satisfactory as the others. From some cause the medicine produced sickness of the stomach, and it was necessary to diminish the dose. He improved, however, and was discharged on the 16th, the cardiac murmur remaining. I had no opportunity of examining this man afterward, he having left the out ward, to which he was transferred.

Since the notes of the above cases were taken, Dr. Wm. Thomson, of Lower Merion, informs me that he has been very successful with this treatment, preferring the tartrate of soda and potassa.

Bronchitis.

By J. R. M'Clurg, M. D.,
Of Philadelphia.

I do not intend, as brevity and utility are essentials necessary to insure a place in the "Medical and Surgical Reporter," to write a general review of the diagnosis and therapia of bronchitis, but only to call attention to a

few of the more prominent and constant symptoms, and give the reader a synopsis of my treatment. Bronchitis—by which I shall designate an inflammation or morbid condition, to a greater or less extent, of the mucous membrane or bronchial lining from the tracheal bifurcation and terminating with the ultimate ramifications of the bronchial tubes—is a prevalent disease of our section of the country, and particularly so in the winter and spring of the year. And, perhaps, the most frequent history given by those to whom we are called to administer relief is, that from exposure to wet and cold, or being in a state of profuse perspiration they exposed themselves to a draught of cool air, or perhaps went into a cold cellar or vault, and soon became very chilly, which was followed by hoarseness, dry cough, tightness, soreness, or a deep-seated, dull pain in the chest, and more or less difficulty in breathing. These symptoms were soon succeeded by others of a febrile character, as excitement of the heart, hot skin, headache, furred tongue, gastric derangement, troublesome cough and expecto ration. After a few days this acute attack subsided, and the patient recovered entirely; or it may have assumed a chronic form, which continued for very many days, or even months, until the patient became quite debilitated by the cough and copious expectoration. The cough, a constant primary, and one of the most important diagnostic symptoms, is at first dry and hacking, without expectoration, but soon becomes more violent, paroxysmal and painful, followed by an altered mucous sputa, which soon increases in quantity, consistency and color, and instead of being, as at first, transparent, becomes muco puruloid and perhaps streaked with blood, and toward the termination of an attack, greenish, yellow, and at times quite purulent in appearance. The violence of the cough in a great measure subsides when free expectoration takes place, but not entirely, and in many cases it continues long after the other symptoms have disappeared. In the majority of these cases, however, the disease was not cured, but assumed a chronic form, which again manifests itself upon the least exposure. In pneumonia we often have greater difficulty in breathing, and an entirely different expectoration from what we have in bronchitis, and the cough, sometimes even in serious cases, is scarcely sufficient to attract the physician's attention, and is never violent unless associated with bronchitis. So far as practical experience dictates, I must regard the cough, its constancy and peculiarity, as one of the most important symptoms of this disease, and it is a remarkable fact, that we never find a single case of chronic bronchitis, but what the principal complaint of the patient is the cough. But, although the cough is such an important symptom, its violence and paroxysmal character cannot be taken alone as an indication of the locality, extent, or seriousness of the attack, for I have often seen the most obstinate and distressing cough in cases when the disease was located almost entirely at the tracheal bifurcation; and in other instances, where it was confined to two or three of the principal bronchi of either the right or left lung. And post mortem inspections enable me to state as an undeniable fact, that although, perhaps, in some cases the disease may affect the bronchial lining of the whole lung, yet in very many instances it is by no means so extensive, and may only involve a very limited portion of the bronchi of the affected side, and that it does not necessarily follow, as some writers contend, that because the larger bronchi are affected the terminal branches must also become implicated. But what I wish to say is this, that the cough declares the existence of the disease, not its extent, this being ascertained by other, and principally by the physical signs. When dyspnœa is a prominent symptom, it is a tolerably sure indication that the inflammation has involved the smaller tubes and vesicles, but not an infallible sign, for I have had repeatedly under my care cases when the inflammation was beyond a doubt seated in the larger bronchi, but on account of a peculiar impressibility of the respiratory nervous system, a spasmodic or asthmatic condition supervened. The expectoration can always be taken as a tolerably good indication of the character and stage of the disease. Thus we find in the early stage a scant, transparent,

mucous expectorate, followed soon by the more abundant, frothy, parti-colored secretion, which in time gives way as the disease advances to a yellow, adhesive, greenish, or perhaps the purulent expectoration of scrofulous bronchitis. And this yellow or purulent expectoration, accompanied with violent cough and emaciation, has often been the means of deceiving the physician, inducing him to form the unfavorable prognosis of phthisis pulmonalis—to become inattentive to and perhaps abandon the case, which finally falls into the hands of an irregular practitioner; the patient after a time recovers entirely, to the disadvantage of medical science, and to the fame and advancement of charlatanism. I am entirely convinced *that the bronchial mucous membrane is as liable as any other tissue of the body, to become the seat of scrofulous inflammation, which may continue for months and even years—the patient becoming debilitated and emaciated from the cough and copious purulent sputa, and yet the substance of the lung remain unaffected by the disease, and the patient ultimately recover entirely.* I could mention a number of cases in confirmation of this assertion, but space will not permit, and will only remark that many of those cases, published as "*great cures of consumption*," were not of phthisis pulmonalis, but scrofulous bronchitis, which is often curable. And in the majority of those cases, of long standing, especially in females, where the sputa is copious and purulent, we find a strumous diathesis, *very often* unaccompanied by tuberculosis, and to cure the patient, we must resort to the same tonic and alterative treatment required in other scrofulous affections.

Upon the physical signs of bronchitis I will say but little. I cannot close this article, however, without a few lines upon this point from that most excellent author, Dr. Graves, who says: "With regard to the rales in bronchitis, all he (the physician,) need bear in mind is, that the nature of the sound produced by air passing through the bronchial tubes will be modified according as these tubes are large or small, dry or moist, or as the moisture they contain is thin, or not. The two things of greatest importance in examining a case of bronchitis is to ascertain whether the minute bronchial ramifications are engaged, and if the tubes contain any moisture, whether it is thin or viscid." When the primary bronchi alone are affected, we may not be able to detect any abnormal sounds whatever, but if the next bronchial subdivisions be diseased, the sounds will be few in number, and if the tubes are dry, they will be of a grave tone, like the cooing of a dove, but if moist, they will be clicking, bubbling, and uneven. If the minute tubes are diseased, many sounds proceeding from quite a limited portion of the lung, undergoing rapid changes of tone during the same respiration—being sibilant or wheezing when the tubes are dry, and soft, and evanescent when moist, can be detected.

Treatment.—In the severer cases of acute bronchitis, which manifest themselves by considerable febrile and inflammatory excitement, dyspnœa, pain, and a sense of constriction in the chest, especially if the patient be young and vigorous, no single remedy is followed by such decided and uniform relief as free blood-letting from the arm. Mild cases and those of a chronic character do not require the abstraction of blood, for the febrile and inflammatory action, no matter how long it may have persisted, can be subdued speedily and entirely by the following mixture, which, even in chronic bronchitis, should often precede a subsequent alterative or tonic treatment:

℞. Nitratis potassæ, ʒij.
Tartar. emetici, gr. ij.
Tilden's verat. viride, fʒj.
Aquæ font., fʒviij. M.

S. Take a tablespoonful every three hours in a tea cup of flaxseed tea. For chronic bronchitis, after the inflammatory action has been subdued by the above prescription, I have found the following, perhaps, superior in the majority of cases to all other prescriptions, and am quite partial to it:

℞. Potassii ferrocyanuret., fʒiv.
Vin. colchici sem., fʒj.
Tilden's verat. viride, fʒij.
Aquæ font., fʒj. M.

S. Take from 20 to 30 drops three or four

times per day. This mixture very soon produces a moderation of the cough, arrests the supersecretion from the bronchi, cleans the tongue, and improves the appetite. If, however, the disease be of a scrofulous character, I generally substitute the following:

℞. Syrup. sarsap., f℥viij.
Iodide potassium, ʒij.
Fowler's solution, f℥ij.
Tilden's verat. viride, f℥jss. M.

S. Take a teaspoonful three times per day. From the continued use of this prescription in many cases of scrofulous bronchitis, I have derived the most satisfactory benefit. In some instances, where the disease had persisted for years, and the patient had become prostrated and worn out by the harrassing cough, superabundant secretion from the bronchi, morbid appetite and copious night sweats, I have found the cod-liver oil, half an ounce three times per day, and the following mixture, of very great advantage in strengthening the general system, and especially in giving tone to the stomach and altering the morbid bronchial secretion:

℞. Mist. ferri comp., f℥vj.
Tilden's verat. viride, f℥ij. M.

S. Take a teaspoonfull three times per day.

The reader will perceive that in all my prescriptions, I use the veratrum viride, and it is but proper, that I should give my reasons for doing so. In every case of bronchitis we have greater or less inflammatory action and irritation of the bronchial lining membrane, and as a generul rule more or less excitement of the heart's action and increased sensitiveness of the sympathetic nervous system, which, even for the comfort of the patient, should be calmed and controlled by some sedative. Experience has taught me to regard opium, and all its preparations, as injurious in every form of bronchitis, by prematurely arresting the bronchial secretions, producing tightness or constriction of the chest and dyspnœa, augmenting the cough and rendering the expectoration more difficult, without having in the end the least curative effect. The veratrum viride, has proven to me the most valuable sedative, by which to control, at pleasure, the action of the heart, and allay sympathetic irritation, and at the same time, I have an expectorant which is not followed by the unpleasant effect derived from the use of opium. But I must conclude this article, already too long, by saying that, I regard chronic bronchiti, in many instances, as I do chronic, dermal and glandular affections, and that it can be cured only by resorting to the same alterative and tonic treatment required for those diseases.

Belladonna as an Antigalactic.

By G. E. Galen, M. D.,
Of Philadelphia.

Observing the remarks of Dr. Miller, in your Reporter, of November 19, 1859, on the efficacy of belladonna as an antigalactic, and having paid some attention to the remedial effects of that agent, I am induced to report a few cases of its success, which have occurred under my own observation, hoping to add my mite in promoting its general use.

Case 1st.—On 25th November, 1858, was summoned to see Mrs. R., æt. 20, who had weaned her child about one week previous to my visit. The breasts were very much swollen, and had become somewhat hard, accompanied with such extreme pain that she had enjoyed no rest the two previous nights. I directed the use of ext. belladonæ, ʒiss; simple cerate, ℥ss—to be applied twice daily. The next day swelling continued, but less pain and hardness. Continued the application for seven or eight days, at the end of which time the mammæ assumed their normal condition, and the secretion was arrested.

Case 2d.—Mrs. M., æt. 25, was delivered after a severe and protracted labor of fifty-six hours, of her first child. The child died twelve hours after birth. Forty-eight hours after, the mammæ commenced swelling, associated with considerable pain. Ordered belladonna, ʒi; aqua, f℥ss—to be used morning and evening; in ten days the breasts resumed their normal condition.

Case 3d.—Mrs. Mc., æt. 35, lost her child at the age of four months. Her breasts, to use her language, began to gather about forty-eight hours after she ceased nursing the child; she used

plasters and liniments of various kinds without any apparent success. I was sent for on the seventh day from the commencement. I found the mammæ extremely swollen, hard and painful, and such an appearance did it present, that I was almost tempted to direct warm fomentations, &c., for the purpose of assisting suppuration, but upon one moment's reflection, I concluded to give the belladona a trial. Accordingly belladona, ʒiss; simple cerate, ℥ss, was ordered to be applied twice daily. After four or five applications the pain subsided somewhat, but the hardness continued. I then ordered the addition of ʒiij of iodide of potassium, which produced the most satisfactory results. In six days the breasts became soft, no pain even on pressure, and gradually assumed the natural appearance with an arrest of the mammary secretion.

You may notice that in one of the above cases, I have used iodide of potassium in addition to the belladonna, which I think an invaluable adjunct, more especially when yon find that the tumefaction and pain will not yield to the belladonna alone. I have tried it in a number of cases and never yet met with a single failure. What peculiar action the belladonna has in arresting the secretion of the mammary gland I do not know, but that it does so, if used continuously and in sufficient proportions, I am certain. Perhaps the experimental use of this agent by able practitioners may go far to establish it as a remedy for the prevention of that most annoying and distressing complaint, both to the patient and dcotor—mammary abscess.

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Valerian Odor of the Perspiration.—In a late number of the *Memorabilien* attention is called to the peculiar odors which characterize various diseases. Among several interesting notes, there is one detailing the history of an epileptic patient, who, at times, eliminated *per cutem* a decided valerian odor. What makes this case somewhat singular, is, that not only was the oder perceptible to man, but to the inferior animals; a cat, domesticated in the patient's family, almost haunted the bed room, seizing every opportunity to spring into the bed and nestling by the occupant—much to his annoyance.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DECEMBER 24TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Ascites.—This man was admitted on the 20th. He had been sick five or six days, and complained of shortness of breath, cough, and swelling of his legs and belly. He is an oysterman, and like most of his class, indulges freely in whiskey, when he can get it. Down on the Chesapeake bay for ten days, he was obliged to abstain from it. The day before he came in he was drunk, and he presented, after his admission, certain symptoms of nervous disturbance, which rendered it necessary to administer small doses of whiskey several times a day, to ward off the threatening attack of mania-a-potu. Opium was also given to check a diarrhœa which he had.

He still exhibits, to-day, besides the dropsy, a tremulousness and peculiar aspect of the countenance, with nervous irritability, dependent on his intemperate habits, which, however, has not yet passed into delirium.

His abdomen is distended with fluid, as shown by fluctuation. Percussion enables us likewise to recognize the effusion and to determine its amount. Here it exists only in the lower part of the abdomen, and amounts probably to 6 or 8 pints. The face, the lower limbs, and the scrotum and penis are œdematous. The upper extremities are not. The ascites is therefore complicated with anasarca. It is necessary to inquire what was the initiatory step in this disorder. Dropsy is not to be looked upon as a disease of itself, but rather as a result or symptom of morbid action. To ascertain the cause of it here, we must look for lesions of three great organs—the heart, the liver, and the kidneys. In this case we are enabled to throw the kidney out; it is not connected with this man's disorder. The urine has been found not to be albuminous. The dropsy is here produced by organic disease of the heart, which has, no doubt, existed for some time. He has hypertrophy of that organ, as well as valvular disease; it is the aortic valve which is affected. A double rough sound is heard; the impulse of the heart is moderate; the pericardium contains a fluid like the peritoneum. The sound is dull on percussion, both in extent and degree. The liver is also somewhat enlarged, and we may attribute to it, in part, the dropsical effusion. We sometimes find in dropsy the triple lesion of these organs, or a double lesion of the heart and the liver, that of the heart being generally the primary one. The lesion of the kidneys is frequently

secondary to the dropsical effusion. In that disease of the liver producing ascites merely, we do not find the double or triple lesion I have mentioned. This patient is also anæmic: this condition of the blood may contribute to the production of the dropsy.

The *treatment* must consist in two different things: 1st. To change the anæmic condition by iron and quinine; 2d. To remedy the dropsical effusion, bearing in mind that merely pumping off the water is not curing the disease. He may take the infusion of juniper berries and 2 grains of squills three times a day. When the bowels are in an irritable condition, purgatives are of no use; they keep up the mischief. I would not give mercury when the patient is anæmic. It is important to keep up perspiration.

Rheumatism—Progress of Cases.—(See REPORTER, page 284.) These patients were brought before the class to-day in a greatly improved condition. Endocarditis and pericarditis had been developed in both, but had now to a great degree disappeared. The treatment had been Dover's powder and Scudamore's mixture. In the case of the female, which was complicated with so many disorders as to render her recovery doubtful for several days, the improvement has been very marked. There is still some congestion of the lungs and rude respiration, but all crepitant rhonchi have disappeared, and vesicular respiration is returning. There is still a persistence of the bellows sound of the heart.

Dr. G. had pursued a stimulant treatment in her case. He believed that the result, under a debilitating treatment, would have been very different. She had taken wine whey and essence of beef at intervals of two hours. This had been changed to strong milk punch, made with one-third brandy. The hygienic management of the patient had been no less important than the medication. She had been kept quiet in bed, carefully shielded from changes in temperature, and nourished with essence of beef, the best form of animal food.

This has been an interesting case to those who have had the opportunity to watch its development and progress.

[The essence of beef, as it is called, is made by putting a pound of lean beef, cut in small pieces, into a bottle, which is corked lightly. The bottle must then be put into boiling water, and kept there until the water has been boiling three-quarters of an hour. No water must be admitted to the beef, and the bottle must be lightly corked to prevent an explosion.

A dark brown fluid is thus extracted from the meat, which represents all the nutritious properties of the flesh. It may be seasoned to suit the taste of the patient, and is given in the quantity of a tablespoonful every two hours.

This dietetic preparation is much superior to that known as *Liebig's soup*, which is a weak infusion of beef, with scarcely the taste of meat.—REP.]

Chronic Dysentery.—This patient had been before the class six weeks ago, when he had been but just admitted, (see REPORTER, page 228, case 1st.) He then had stools almost constantly. These were reduced immediately to 8 or 10 in the day, and were now only 3 or 4 in the 24 hours. The patient has gained flesh and strength, and his countenance has lost the sallow, waxy appearance, which it had.

The *treatment* had consisted in a carefully regulated diet, which the patient had strictly adhered to. Dr. G. was not an advocate of a very rigid diet. He preferred a nourishing one, but it should be carefully regulated in each case by the physician, and when judiciously laid down, if the patient diverged from it, as frequently they do to cheat the doctor, he would certainly do himself mischief.

This patient had taken besides tannin, opium and quinine, calomel in 1-16th of a grain doses, three times a day, He had decidedly improved.

Chronic Gastritis.—This woman has been affected for a year with constant vomiting after every meal. It occurs, she says, immediately after swallowing her food, and when she came in she was not able to retain even water. Within a month she has become worse, has lost her appetite, which remained pretty good, and is troubled with thirst. Her bowels have been constantly constipated. Her general appearance is not that of starvation; her color is good, and she is not greatly emaciated. She has certainly retained and digested a small portion of her food, although she says she threw it up as fast as she swallowed it. The menstrual flow has been interrupted for six months; the pulse is feeble; the tongue is shining, smooth, and polished.

By physical examination, Dr. G. could detect no organic disease, either at the pyloric or cardiac extremity of the stomach, such as a tumor or malignant growth, whose pressure might produce the symptoms she presented. There was some contraction of that organ, as well as of the abdomen generally, but this would occur as the result of the vomiting. Her disease was probably chronic gastritis, with the addition of constipation and amenorrhœa.

In the *treatment*, diet was of the first importance. She was able now to retain two teaspoonsful of beef essence; a larger quantity excited vomiting. She occasionally swallowed small pieces of ice. She took $\frac{1}{4}$ of a grain of opium every three hours, and had a blister applied to the epigastrium. A cathartic enema was also given, containing salt, lard, and sweet oil. He would try afterwards the alterative effect of mercury. Calomel was the best preparation.

EDITORIAL DEPARTMENT.

Periscope.

[By L. ELSBERG, M. D., of New York.]

On the Cicatrix-like Streaks on the Skin of the Abdomen, Breasts and Thighs, of Women that are pregnant, or have children.—Opinions as to the time of appearance, frequency, and other peculiarities, and medico-legal importance of these streaks, are so unsettled and conflicting, that we gladly hail the excellent review of the subject by CREDE, of Berlin, one of the editors of the "*Monatsschrift für Geburtskunde und Frauenkrankheiten.*" We have prepared for our readers the following propositions which he has established: (Monatschr., &c., November, '59, p. 323 et seq.

1. The streaks on the abdomen more or less extensively exist in the great majority of pregnant females. They appear but very seldom, however, during the first half of pregnancy—frequently not until the last month, or the last but one.

2. Soon after delivery they change in appearance, becoming gradually less evident, unless the skin is made tense, but never entirely disappear.

3. In some cases they do not appear during pregnancy, and sometimes no trace of them can be found after repeated pregnancies.

4. Sometimes they appear for the first time at the second or third pregnancy, or else new streaks are added to the old.

5. They may make their appearance, also, without the existence of pregnancy—in consequence of diseases producing a rapid and considerable extension of the skin, (especially in dropsy, therefore.)

6. The quite similar streaks on the breasts, and the anterior surface of the thighs, occasionally, also, on other parts of the body, as the buttocks, calves of the legs, etc., merit the same attention as those on the abdomen.

Abnormal Conditions of the Corpus Luteum—ROKITANSKI has made an able communication on this subject, based entirely on clinical and post mortem examinations, to the "*Allgemeine Wiener Medizinische Zeitung,*" Nos. 34 and 35, '59. Omitting his illustrations and details of cases, we will endeavor briefly to indicate his observations. In the first place, he takes a decided stand with those who believe in the existence of two altogether different kinds of corpora lutea; the one produced during menstruation without conception; the other, the true corpus luteum, connected with conception and pregnancy. He explains the characteristics of each, dwelling especially on the greater permanency, far larger volume, less saturated coloration, and metamorphosis into connective tissue, of the latter. Of anomalies found, there are cases of—1. Denditic excrescence of the corpus luteum outwards from the rupture of the Graëfian follicle; and 2, Doubling of the corpus luteum. Of degeneration—1. Cystic degeneration; 2. Degeneration into fibrous tumor; 3. Into carcinoma. As appendix, he adds: 1. That sometimes, with single pregnancy, two true corpora lutea are found. 2. That in cases of tubal-pregnancy it does really occur, (as pointed out first by *Kussmaul,*) that the corpus luteum is not in the ovary corresponding to the affected tube; but this occurs only so seldom, that transmigration can be considered, in but few rare cases, the cause of tubal pregnancy.

On the Treatment of Ovarian Dropsy.—By an article by SIMON THOMAS, (*Archiv für Holländische Beiträge zur Natur und Heilkunde,* B. I., H. 2, '59,) our attention has been directed to the following treatment of ovarian cysts, as quite easy of execution, dangerless, and successful in its results. It consists in puncture and incision through the wall of the vagina—the opening made being kept open until the cyst becomes obliterated. This procedure was originally devised by KIWISCH, but modified by the author, inasmuch as he incises the puncture with the bistoury, only just sufficient to enable its being found again by the touch, and then enlarges it with a "lithotome caché," to an inch in length, always in the direction toward the uterus. Instead of introducing a canula, daily lukewarm injections are made, with the view of avoiding local inflammations, and washing out the cyst and vagina. The after treatment consists in order to remove any re-accumulated liquid, simply in the introduction of a male catheter of large size, which, when necessary, may be left in situ considerable time, without fear of inflammation. When the contents of the cyst can no longer be evacuated by the catheter, a tube, "a double courant," may be used, with which the cyst can easily be washed out; and when, finally, the liquid injected at one end does no longer flow back from the other, a short culde-sac, or blind channel, is all that has remained. This either soon closes, or exists for a time as a harmless fistula, requiring no further attention.

The Ecraseur.—Dr. J. P. White, at a late meeting of the Buffalo Medical Association, (*N. Y. Review*,) reports three cases in which he successfully applied the écraseur to the removal of tumors from the uterus. Two of these were cauliflower excrescences. In applying the instrument, he worked it continuously until the tumor was separated, and no hemorrhage followed. The other case was a fibrous tumor of the uterus. In this case Dr. W. substituted a wire rope for the common chain in the écraseur, and liked the substitute, as he was enabled by it to introduce the instrument well up in the vagina.

Medical Skepticism—Timely Suggestions.—We take the following from the *American Medical Monthly*, from a summary of cotemporary medical literature prepared for that journal by Dr. O. C. Gibbs, of Frewsburgh, N. Y.

"In the lecture upon Diseases of Children, by Dr. Jacobi, published in the *New York Journal of Medicine*, for September, alluding to medical skepticism in the profession, Dr. Jacobi says, "The cause of all this skepticism is found in the absence of both an exact and a distinct diagnosis, and of strict indications in the use of medicines. We shall always learn, that wherever a medicine is really indicated, a good effect will always follow a good dose, in such a manner that this one principle, *few medicines, simple prescriptions, and large doses*, will find its full justification." We know of no subject more practical than this, and should be glad to preach for an hour upon the above text; however, we shall withhold the infliction. Dr. John Forbes, on the other side of the Atlantic, and his imitator, Dr. Jacob Bigelow, on this, have doubtless done more to foster quackery than any other two men of the present age. They have put in the hands of Thomsonians and Homœopaths weapons more powerful to injure the regular profession than any they had been able previously to command. It is only bungling and injudicious prescribers that decry the action of medicine, while those who see clearly an indication, and act upon that indication boldly, will, with each year's increasing experience, derive additional confidence in the utility and the unvarying effects of medicine. No medicine need be feared when there is a positive indication for it, and it is no evidence of the uncertainty and non-utility of any article because ignorant or careless persons have used it injudiciously and injuriously. Let us try to improve the therapeutic art, and not decry it altogether.

Improvement in the Voltaic Pile.—(*Med. Times and Gazette.*)—It is well known that Bunsen's pile, which is but a modification of Grove's, consists of a glazed vessel, containing a cylindrical element of zinc, which surrounds a porous vessel filled with strong nitric acid, into which a charcoal cylinder has been introduced, the liquid in the outermost vessel consisting of water acidulated with about 10 parts of sulphuric acid. Now, although this is a most powerful combination, and in general use, it has two great inconveniences, first, the quantity of nitrous vapor it evolves is highly unpleasant, and may become dangerous; and, secondly, the current produced is not of constant intensity. M. Thomas has just communicated to the Academy of Sciences a modification which he has effected in this kind of pile, and which would seem to be quite free from the inconvenience alluded to. M. Thomas, in fact, shows that the development of nitrous vapor is one of the chief causes which interfere with the constancy of the current, inasmuch as they attack the copper ribands forming the electrodes, and effect certain chemical combinations, which give rise to counter-currents, and thus impair the principal one. He therefore causes these gases, as they are evolved, to pass into a porous vessel, where they are decomposed. In this process a secondary current is produced, which, by the peculiar construction of the apparatus, is turned to account, and tends to correct the inequalities of the principal current. This arrangement also prevents the pile from becoming dirty, as is the case with Bunsen's pile.

Successful removal of a foreign body from the Trachea.—In the *Boston Med. and Surg. Journal*, Dr. Joseph Garland, of Gloucester, Mass., relates an interesting case, in which a child was snatched from the jaws of death by the opportune performance of the operation of tracheotomy. The child, a boy about four years of age, on the 15th of November, while playing with some kernels of Indian corn, was suddenly seized with a violent fit of strangling, which was followed by a constant convulsive cough for half an hour, and then an occasional

hack, accompanied by hoarseness and shortness of breath. On the 18th there was an aggravation of the symptoms, accompanied by fever, when Dr. Garland was called for. The ordinary treatment of inflammation of the bronchi and lungs was pursued for three days, before the parents were willing to have an operation performed for its relief. On the 21st, however, a fit of strangulation came on, which required that something be immediately done to save the child's life.

Tracheotomy was proposed to the parents as the only means of saving the child. Dr. Davidson was called, and also urged the expediency of the operation. The consent of parents gained, there was now no time for delay. The child was placed upon a bed, his back supported by pillows, head drawn a little backward, and held by an assistant. His struggles were now so great, it was deemed advisable, in order to facilitate the operation, to administer chloroform. Scarcely had the vapor come in contact with his nose when a slight convulsive cough occurred, then a gasp or two, and all was quiet—the glottis was effectually closed. A chance was yet offered. I embraced it, and, assisted by Dr. Davidson, dissected as rapidly as possible with care, down upon the trachea, delayed by no bleeding of account, opened it, inserted a silver catheter —the only suitable instrument at hand—and commenced artificial respiration by breathing through the catheter, and compressing the ribs, alternately; this repeated a few times, to our great satisfaction a faint gasp was seen. In a few moments more, the mechanical means still continued, another followed, and soon a feeble respiration by the patient was going on through the catheter. Sensibility had now returned to the trachea, and a violent fit of of coughing threw blood and masses of tough phlegm through the catheter and the trachea by its side. The child now opened his eyes, and made *signs* of crying, ineffectual as to *sound*. A free opening into the trachea now existing, and the bleeding, which had scarcely required the sponge, having ceased, the catheter, difficult to be retained in position except by the hand, besides being exposed to frequent attacks from the child, was withdrawn. Watching the result a few minutes, and finding the respiration going on equally as well, and the expectoration free through the opening, it was not returned.

Thinking it inexpedient to attempt to dislodge the foreign body until the patient had time to rally from his depressed condition, he gave directions for the management of the case until the next morning.

Tuesday morning, Nov. 22, one week from occurrence of accident, day after operation, in company with Dr. D., saw the patient again. Finding the obstruction still remaining in the larynx, we proceeded to remove it. A stiff probe was carried up the trachea, through the incision, and slightly rotated in the larynx, with the intention of giving the substance a start, and thereby bringing it down to the opening; failing in this, the forefinger was carried down upon the tongue, the tongue depressed, the epiglottis pressed back, and a probe passed through the glottis with the design of starting the body down from the larynx; this, after repetition, proving ineffectual, a pair of forceps, slightly curved and of good length, were passed up the trachea through the opening, in hope of seizing the foreign body. Not succeeding, they were thrust up into the larynx with as much force as could be ventured, when, upon withdrawing them, the child gave a half convulsive cough, and out flew the foreign body from the mouth, striking with considerable force upon a door some three feet distant. It proved to be a kernel of Indian corn, swollen almost to bursting. Its dimensions were as follows; longest diameter, $\frac{9}{20}$ of an inch; shortest diameter, $\frac{7}{20}$ of an inch; circumference in direction of longest diameter, $1\frac{3}{10}$ inches; direction of shortest diameter, $1\frac{3}{20}$ inches. No accident occurred to retard the progress of recovery, and, on the 16th inst., just twenty-five days after the operation, the incision was completely cicatrized.

Treatment of Ingrowing Toe-nail.—Dr. N. Gilman, of Hatfield, Mass., (*Boston Med. and Surg. Journal,*) has for over twenty years treated ingrowing toe-nail by cauterizing the part with hot tallow with the most satisfactory results. He says, the liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks, or the barbarous plan of pulling out the nail. The following case will illustrate Dr. Gilman's plan of procedure.

The patient on whom I first tried this plan, was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this:—I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

Pulmonary Consumption---A Prescription of Dr. Louis—The *Druggist* copies the following from *Championniere's Journal:*

To support strength, to subdue the cough and promote sleep, to diminish night-sweats, such are the three-fold indications which are met by the following prescription of Mr. Louis, in the case of confirmed phthisis:

1. Take, one hour before the principal meals, one pill of protoiodide of iron (Pilules de Blancard). After ten days increase the dose to two pills, and drink immediately afterwards a small tea-cupful of infusion of quassia, made with cold water, and not sweetened.

2. At night, or four hours after the last meal, take a pill of extract of opium of 1-6th to ½ grain.

3. If abundant perspiration be present, take at bed-time one or two pills of 2¼ gr. of white agaric.

4. The diet should be generous, but not stimulating.

The Physiology of Digestion.—A correspondent of the *Medical Times and Gazette*, writing from Munich, speaking of a physiological work recently published by Professor Bischoff and Dr. C. Voit, says:

In this work the laws of nutrition of carnivorous animals have been brought, by innumerable experiments, to a point of mathematical accuracy, and there can be very little doubt that the results of these investigations are, to a great extent, directly applicable to human physiology.

In the first place, the authors ascertained that in a dog, kept for two years under observation by them, all the nitrogen of the food assimilated was excreted as urea. Then they found out that urea is never the product of a simple oxydation of the albumen of the blood, but always only a product of the retrogade metamorphosis of the azotised tissues. They defined the law, that the process of disintegration and metamorphosis of the azotised tissues is not produced by the simple affinity of the oxygen alone to the disintegrating tissues, but by the double attraction of the nutrimental matters of the food, and of the oxygen to these tissues. Just as chlorine alone or organic matter alone cannot decompose water, notwithstanding the strong affinity the former possesses for the hidrogen, and the latter for the oxygen of this fluid, decomposition of the water at once takes place if an organic substance and chlorine combine their action. The extent of the process of the metamorphosis of azotised tissues depends, firstly, on the amount of food taken; secondly, on the quantity of oxygen present; and, thirdly, on the bulk of the organs undergoing disintegration. These three agents, reciprocally balanced together, act constantly on the process of disintegration, which is, in fact, to be looked upon as their function. In regard to different kinds of food, Professor Bischoff and Dr. Voit ascertained that the animal always uses up first the azotised parts of the food taken. An increase of these parts always produces an increase of the metamorphosis of tissues, and if they are given in sufficient quantity the dog is, by them alone, enabled to keep up its expenditure for the necessary motory and caloric power. But although a dog can be kept on meat alone in entire possession of all its functions, one part, viz: the calorification, can be kept up more economically by fat. In this way a right proportionment of fat with the food prevents a waste of azotised nutriment, but an addition of fat to a quantity of oxotised nutriment in itself sufficient to keep up the motary and caloric powers, causes an increased disintegration of the azotised tissues of the body, because more power is now required for the digestion, circulation, and oxydation of the nutritive fluids. Within certain limits, but not beyond them, meat and fat can compensate each other. If one wishes to make an animal gain flesh, one must always give it fat with its meat, because it will then

soon be enabled to appropriate part of the azotised matters of the food, for the new formation of flesh. If one wants to fatten an animal, one must give it, besides fat, as much meat as is required for the due maintenance of its azotised tissues; the animal will, otherwise, lose flesh and die. Starch and sugar act similarly to fat, but rather more strongly; for, taking the amount of hydrocarbon as a standard, two and a half times less sugar than fat will compensate for an equal quantity of nitrogenous substances. The reason of this is probably that the sugar is at once burnt in the blood, while the fat seems to have first to undergo a further metamorphosis. Rye bread alone (containing 2.39 per cent. of nitrogen in its dried state,) was not found to be a sufficient nutriment for a carniverous animal; at least, as long as the animal was in a condition of strength, it execreted constantly more nitrogen than it took in with the bread (which was offered in unlimited quantity.) In a weakened state, however—that is, with a smaller proportion of azotised tissues requiring to be nourished—the nitrogen of the bread might, perhaps, suffice for the necessary expenditure. The same is probably the case with human beings. In regard to gelatine, that is to say what is sold in Germany under the name of "French gelatine," the experiments have given results contrary to the opinion now generally held by physiologists, that gelatine has no nourishing qualities, it being proved that gelatine is still able to replace the albumen in the food to a certain extent. But four times as much gelatine as albumen would be required to obtain the same result, which bulk the animal cannot take in Although animals fed exclusively on gelatine would, therefore, ultimately die of cold and starvation, not being able to take in sufficient quantities to make up for the expenditure in motory and calorific power, still it must be maintained that the gelatinous tissues are at least, to a certain extent, able to create power.

As the authors have found the numerical proportions on which all these various results depend, it is clear that in future the question as to the most suitable nourishment of an animal, as well as of a human being, can be made out in the most exact way. This treatise, therefore, is worthy of the careful attention of the Physiologist as well as of the scientific Practitioner.

Flores Benzoes.—In Munich the *Flores Benzoes* have been extensively used in the treatment of icterus with very favorable results. Dose—six grains, three times a day.

Benzoic Acid in Icterus.—According to Kühne, the conversion of benzoic acid into hippuric acid, which invariably occurs when benzoic is taken internally by a healthy individual, does not obtain in cases of jaundice, The benzoic acid is eliminated by the kidneys without having undergone any change.

The Theory of Tertiary Syphilis, according to Gamberini, is a prodigious humbug, having the effect of confusing and confounding that, which otherwise would be easily understood. The regular succession of symptoms in the onward progress of syphilis, as described by Ricord, may and may not occur. The so-called secondary and tertiary syphilis are but different *local* manifestations of the same general disease. The secondary and tertiary forms of syphilis may alternate or co-exist, thus demonstrating their identity.

Oxygen in Scarlet Fever by inhalation has been again tried in Europe, and, according to assertion, beneficially.

Nitric Acid has been strongly recommended in bronchial catarrh, as also in whooping cough; in the latter affection, according to Arnoldi and others, the acid is as positively curative as quinia is in the miasmatic diseases.

A Revolution in Anæsthetics.—The *Lancet* says that the medical papers of Paris are full of the new method of producing anæsthesia introduced by M. Azam, of Bordeaux.

It would appear that, about eighteen months ago, M. Azam had under his care an hysterical young lady, who was subject to cataleptic attacks. Upon this patient very extraordinary phenomena were noticed, which, coming to the ears of M. Bazin, professor at the Faculty of Sciences of Bordeaux, this gentleman advised M. Azam to consult a work published in England in 1842 by Mr. Braid, in which the means of producing catalepsy and artificial anæsthesia were detailed. M. Azam procured this book, of which Dr. Carpenter has written an analysis in Dr. Todd's Cyclopœdia, under the head of "Sleep," and began a series of experiments on his young patient and about thirty other persons. He found that most of Mr. Braid's statements were correct, and that catalepsy and anæsthesia could actually be obtained in the following manner:—

The patient, either sitting up or lying down, is put in a convenient position. The operator then, standing either before or behind him, places before his eyes, at the distance of a few inches, but generally nearer than the point which allows of distinct vision, some bright object, upon which the patient should steadily and continuously fix his eyes. The bright object should be so placed that the eyes, in looking at it, must be forcibly directed upwards, the contraction of the superior recti being carried to its maximum degree. In this position, the levatores palpebrarum and recti are strongly contracted, and convergent strabismus takes place. After this attitude, which is certainly fatiguing, has been kept up for two or three minutes, the pupils are noticed to contract, and soon afterwards to dilate; the eyelids quiver rapidly, then fall, and the patient is asleep. Two symptoms, almost always present, are then observed; they are, however, in different cases, more or less marked and lasting: 1, catalepsy, exactly as described in books; 2, anæsthesia, which lasts from three to fifteen minutes, either complete or incomplete, but which allows of pinching, pricking, and tickling, without any feeling being aroused in the patient, and without any change in the cataleptic state being produced. This anæsthetic state is generally followed by a very opposite condition—namely, very remarkable hyperæsthesia, in which the senses, the feeling of heat, and muscular activity reach an unusual degree of excitability. At any moment of the experiment the symptoms may suddenly be stopped, by rubbing the eyelids, and directing upon them a stream of cold air. When the patients recover their senses, they remember nothing of what has taken place.

Several experiments have been instituted in Paris by Messrs. Folin, Broca, and others; and M. Velpeau seems so convinced, that he has presented a short paper on the subject, by M. Broca, to the Academy of Sciences at the meeting of the 5th inst.

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King Henry the Sixth of England had so much confidence in alchemy that he published a document in which he told his subjects that the happy hour was drawing nigh when, by the discovery of the philosopher's stone, he should be able to pay all the debts of the nation in real gold and silver.

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Witches and impostors have always held a competition with physicians.—*Bacon.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 7, 1859.

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"We, * * who in life's rough path
Walk, laden heavily,
Should ever face the light, so that
Wherever we may be,
The heavy burthen which we bear,
Its shadow dim may cast,
Not on our forward steps, but on
The portion we have passed."

Last week we took a retrospective view of the year which was just closing, with special reference to those in our profession who had passed away. Having just placed our foot on the threshold of a new year, we propose this week to cast a hopeful glance forward, in advance of Time, knowing that whate'er may betide us, or other individuals, our profession, with its history, its achievements, and its enterprises, will, without doubt, poise itself on another foot a year hence, to make one more stride in its march toward—perfection, shall we say?

Here, then, we stand, an ancient, an honorable, and a glorious profession, whose past history has been one of many triumphs. Yet, there are opprobria attaching themselves to us, which cast a shadow which may be, either on our forward steps, and prevent investigation, and interfere with progress, or, on the portion we have passed, while our pathway may be illumined by knowledge which will eventually overcome all obstacles to that progress which leads to perfection. The history of the medical profession of this country, like that of the world, has been one of steady advance, and there are, no doubt, triumphs in store for it this year. In regard to organization, and a higher standard of education, as well as to the general progress of our science, we have need to "face the light," that we may not appear to be enveloped in cimmerean darkness, while light is abundant. We trust that the profession of the whole country will seek to advance the interests of the science, by laboring earnestly in the cause of organization, especially in connection with our National Association. Let us be hopeful in regard to the future in-

fluence of that body, and not turn our backs upon the light, and join the army of croakers who have yet to point to the first good ever accomplished by them. One who faces the light in this connection, cannot help seeing that an earnest and intelligent support of this body will advance the interests of the profession of our country, beyond our power to compute.

Those just entering the profession have need to "face the light," for they have many trials to encounter and difficulties to overcome, and light is indispensable to them. Alas! too many have allowed themselves to look at the shadowy instead of the bright side of professional life, and have become, in consequence, an incubus to the profession of their choice. This class do an incalculable amount of injury to the cause of medical advancement. Those only who look hopefully on the future, succeed in life, and "leave footprints on the sands of time!"

In conclusion, we will say that this hopefulness in regard to the future, has sustained us in our editorial career, when the present often looked very unpromising, until we now have the satisfaction of knowing that an enterprise has become established, which is destined to exert an influence for good on the medical literature of our country. In the spirit, therefore, of our motto, we shall still "face the light," in the confident expectation that those in the profession who desire to advance its interests and their own, will give this enterprise a hearty support.

SANITARY INSTITUTIONS.

Old readers of the REPORTER know that we have ever been earnest advocates of the establishment of private sanitary institutions under the control of members of the medical profession in good standing. These institutions in this country have been hitherto left almost entirely in the hands of irregular practitioners, who have done both good and harm to patients under their care. We know of but two institutions of the kind in the United States that are in proper hands, one in Massachusetts, conducted by Dr. Clarkson T. Collins, formerly of New York, and intended particularly for the treatment of Diseases of Women, and the other, "Benedict's Sanitarium," for the treatment of Diseases of the Lungs, at Magnolia, Florida, under the care of Dr. N. D. Benedict, formerly of this city.

It is the experience of most practitioners, without doubt, that many cases of sickness, particularly among females, cannot be properly managed at the homes of the patients, where they are overwhelmed with family cares, that demand their attention as long as they are at home. And not only this, but all physicians have not at hand all the appliances for the proper management of many diseases to which women are subject.

We take pleasure in calling attention to the advertisement in this number of the "Gynecian Sanatorium," which has been recently established in the vicinity of New York. From what we know of Drs. Elmer and Elsberg, the profession will find them in every respect reliable men. Their ideas are strictly professional, and they appeal to medical men for support in their important undertaking.

Once let the profession take this business from the hands of quacks, and it will become popular with the people, beneficial to the community, and remunerative to the profession.

In Thomas Paynell's "Regiment of Health," published in 1557, occurs the following quaintly expressed, but wholesome advice:—

"Prolongynge of tyme in eatynge moderately (as an hour's spase), to chawe and swalowe our meate well, is aloweable, and helpeth moche to the conservation of health. For good chawinge and swalowinge downe is half a digestion. And ill chawinge doth eyther let dygestion or else doth gretly hyndre it. But prolongynge of tyme in rallying and tellyng of tales two or three houres is ryght hurtful. For when the last meate is received the first is well neare dygested. Therefore the said meate in divers of their parties, as touching dygestion, be not lyke."

Correspondence.

An aged and respected correspondent in New Jersey sends us the following reminiscence of some of the early pioneers of medicine in that State. If we mistake not, the epigram, which contains some "wholesome truths," is from Butler's Hudibras.

"Whilst a student of medicine in the office of the late Dr. John Vancleve, of Princeton, N. J., about fifty years since, I came across the following epigram. I found it written on the flyleaf of an old Latin medical volume by Schenkius. On the title-page was written 'Thomas Wiggans, ejus liber,' and in the same handwriting the verses. Dr. Wiggans, it will be remembered, was among the first Presidents of the Medical Society of New Jersey. Dr. Vancleve purchased this volume at the sale of Dr. Wiggans' books. The verse is a curious morceau, and quaintly tells some truths. Perhaps they may interest the readers of the REPORTER.

'God and the Doctor, men alike adore,
Just at the point of death, and not before;
The danger o'er, they're both alike requited;
God is forgotten, and the Doctor slighted.'"

W. J.

Items and Miscellany.

Miss Harriet Hosmer, the Sculptor.—It seems that the father of this talented young lady was a physician. Having lost his wife and another child by consumption, and fearing a like fate for his only surviving child, he furnished her with horse, dog, gun and boat, and insisted on an outdoor life as indispensable to health. She is a signal instance of what judicious physical training may effect in conquering even a hereditary taint of constitution. Miss Hosmer diligently made use of the facilities the course of life recommended by her father gave her, for cultivating her own peculiar tastes, and many a time when the worthy doctor may have flattered himself that his darling was in active exercise, she might have been found in a certain clay pit, not very far from the paternal residence, making early attempts at modelling horses, dogs, sheep, men and women, or anything which attracted her attention. Both at her home in Watertown, Mass, and subsequently, at Lenox where she was sent to school, she made good use of her time by studying natural history, and of her gun by securing specimens for herself of the wild creatures of the woods, feathered and furred; dissecting some, and with her own hands preparing and stuffing others. The walls of the room devoted to her special use in "the old house at home," are covered with birds, bats, butterflies and beetles, snakes and toads, while sundry bottles of spirits contain subjects carefully dissected and prepared by herself.

In 1850, being then nineteen, Harriet Hosmer left Lenox, and returned to her father's house at Watertown, to pursue her art studies, and to fit herself for the career she had resolved upon following. There was at this time a cousin of Miss Hosmer's studying with her father, between whom and herself existed a *camaraderie*. Together the two spent many hours in dissecting legs and arms and making acquaintance with the human frame—Dr. Hosmer having erected a small building at the bottom of his garden to facilitate these studies. Those were days of close study and application. Lessons in drawing and modeling—for which our young student had to repair to Boston, a distance of seven or eight miles—and anatomical studies with her cousin, were alternated with the inevitable rides and boating, on which her father wisely insisted. The river Charles runs immediately before the house, and on this river Harriet Hosmer had a boat-house, containing a safe, broad boat, and a fragile, poetical-looking gondola, with silvered prow, the delight of her heart, and the terror of her less-experienced and unswimming friends.

She was full of fun and frolic, and many instances are given of her daring exploits by land and water. A practical joke played upon a physician of Boston was the immediate cause of her having been sent to Lenox to school. Her health having given her father some uneasiness, the gentleman in question, a physician in large practice, was called in to attend her. The rather uncertain visits of the physician proved a source of great annoyance and some real inconvenience to his patient, inasmuch as they interfered with her rides and drives, shooting and boating excursions. Having borne with the inconvenience some time, she requested the gentleman, as a great favor, to name an hour for his call, that she might make her arrangements accordingly. The physician agreed, but punctuality is not always at the hand of professional men. Matters were as bad as ever. Sometimes the twelve o'clock appointment did not come off till three in the afternoon. One day in particular, Dr. —— was some hours after the time. A playful quarrel took place between physician and patient; and, as he rose to take his leave, and

offered another appointment, Miss Hosmer insisted upon his giving his word to keep it.

"If I am alive," said he, "I will be here," naming some time on a certain day.

"Then if you are not here," was the reply, "I am to conclude that you are dead."

Thus they parted. The day and hour arrived, but no doctor made his appearance. That evening Miss Hosmer rode into Boston, and next morning the papers announced the decease of Dr. ——. Half Boston and its neighborhood rushed to the physician's house to leave cards and messages of condolence for the family, and to inquire into the cause of the sudden and lamentable event.

In 1852 she went to Europe, and repaired to Rome, where she applied herself to her chosen profession, with what diligence, her subsequent triumphs as a sculptor sufficiently attest.

Philadelphia Instrument Makers.—Among the numerous advantages, adventitious to medical pursuits, which abound in this city, the facility of obtaining the best surgical appliances is of importance. The surgical cutlers, who are the most eminent in this country, deserve credit for keeping their essential art apace with the general medical progress.

Except for the introduction of some unseen novelty, no one in the city thinks now of importing any article needed by the surgeon. The cutlery produced is equal to any made in London or Paris, and the apparatus for deformities made here, in ingenuity of construction, efficiency, and comfort to the patient, is elsewhere unequaled. The simplest or most complex instruments may be ordered from any distance with the assurance of receiving promptly articles which cannot be excelled in quality.

Amputation of a Uterus.—Dr. Sims of New York recently amputated an entire uterus with the ecraseur. The case was one of procidentia in which the uterus had been for a long time entirely inverted, and could not be forced back into the pelvis. No hemorrhage followed, excepting from a vessel connected with one of the broad ligaments, which was afterwards ligated. The patient rapidly recovered.

This operation has been repeatedly performed, but we do not know that it has been before accomplished with the écraseur. The result of the operation has usually been fatal, from peritonitis or hemorrhage, and surgeons have not generally been very favorable to its performance.

The End of the Excitement.—The attempt made to reawaken the excitement, through the infatuation of which, some of the medical students of this city took a hasty departure, has proved an entire failure. It is evident that the paroxysm is at an end.

Beyond the influences of the parties who were made use of as mediums for the agitation, and which prevailed to any extent only in one institution, but little was accomplished, and in the city of New York and further northward, the infection did not spread.

Some who left with the retreat were only apparently seceders, who took the opportunity of thus getting a cheap passage homeward during the holidays.

A number have already returned, and more will do likewise after having consulted and learned the disapprobation of their course by parents and preceptors, and have had time for a calm appreciation of the real and irreparable loss into which they have been designedly duped.

One Thousand Feet of Tape Worm, The *Boston Transcript* says, were expelled from the intestines of a lady residing in the vicinity of Boston. It was believed that several worms had existed. The expulsion occurred after taking a mucilage of pumpkin seeds.

The number of lives lost by steamboat disasters on the western rivers during the year 1859, was three hundred and ninety-six.

Ligation of the Primitive Iliac.—Dr. J. R. Wood, the leading surgeon of the Bellevue Hospital, New York, recently, at that institution, ligated the common iliac artery for aneurism. The operation was performed with facility, and with apparently fair prospect of success, but the result was unfavorable, as the patient has since died of peritonitis.

Clerical Testimony in favor of the Medical Profession.—Clergymen are so often the abettors of quackery, that we may be excused from transferring the following from the *Medical Times and Gazette* to our pages. Something of the kind is needed occasionally to keep us in conceit with the clergy.

The Rev. C. Kingsley has been lecturing on

"The Rationale of Health." "To the Medical men of England and Germany," he said, "he owed a debt deeper than he was able to express. He had learned more science from them than he should be ever able to repay them, and also more morality, in a high sense, than he should ever be able to adequately acknowledge. Were he able to do his duty in his profession as he saw, not only the average, but the majority of Medical men doing theirs, he should be a happier man than he was now." He told his auditors that if the doctors had their wish they would strive most to keep the people in health, not merely to cure them when diseased. "A perfectly wise man, living in a perfectly wise state of civilization, and taking perfectly wise care of himself, ought to be able to insure his health, by paying a Medical man so much a year for keeping himself in health, just as much as a man insured his body against accidents, or his house against fire. He would not say how many hundred years hence, but the time would come, when people would be found insuring their health for a certain number of years, or, at all events, for twelve months, by paying premiums to companies who would look after their health, and take care that they did not violate their bodies."

Infant Mortality.—In the same lecture quoted from in the preceding paragraph, Rev. Mr. Kingsley thus speaks of the mortality among children from preventible diseases.

He told his auditors that *forty per cent.* of the children born in this country died before they reached five years of age. "He had witnessed the death of old men, and experienced no shock of horror, as they had trod life's path He had seen many children die, and the sight always gave him a shock, and he felt as if the world was out of joint. Why do they die? God had exercised as much creative power in making them so pure, so noble, and so graceful, and yet they were allowed to die so early! By man's fault, he would answer." Most earnestly did the lecturer point out the principal causes which concur in bringing about the mortality of early childhood, and he illustrated one point by examples derived from two families which he had seen. Both were kind and noble; both had children; but the one thrust its children into the small contracted rooms at the top of the house, while the best apartments were given to visitors; the other kept its children in the handsomest and most spacious rooms in the house, and said, "We cannot receive any visitors, or give any dinners, as our house is so small, and we are forced to give up the best rooms to our children." The children of the first family grew up stunted and miserable; the children of the latter family, fine, noble, and healthy. We are grateful to Mr. Kingsley for his admirable lecture, and we hope to see it published in a cheap form, and disseminated throughout the kingdom. With such co-operation as this given by Mr. Kingsley, what might not our profession do?

A new "Drop Game."—We copied, not long since, from an English journal, an item showing how a clever rogue replenished his purse by imposing on hospital physicians and nurses. The following, however, will show that in expedients of this sort, Americans still maintain their character of "beating all creation." It will be seen that the medical profession are among the "principal sufferers" from the cunning rascal's impositions.

A man of genteel appearance, with carpet sack in hand, taking it a-foot, came along the public square in Lexington, Scott county, Indiana, and when crossing the square dropped dead, to all appearances. Everybody ran, medical aid was called, rubbing commenced, the stranger still slept, and was very stiff; to all appearances his limbs were paralyzed so that he could not be raised without the limbs giving way. "Bleed him!" "Bleed him!" several halloed; the man comes to all at once; looks wild. Voice in the crowd, "Who are you?" "Where did you come from?" He pulls out a slate and pencil, and writes: "I have been out to Michigan to see a brother, but when I got there he was dead. I am making my way home; am out of money; I live in Cleveland, Ohio." Sympathy runs high; the crowd make him up a pony-purse, $8 50; gives him. He travels to Bent, nine miles; drops again; everybody is alarmed; comes to; tells he is out of money; they make him up a pony-purse; the Doctor takes him home and gives him something to eat; off he goes again to Richie's Mills; drops again; no men about; women frightened and run for men folks; find one; man lies dead until man comes; women with camphor bottles running in every direction; excitement high; Mr. Richie takes him into the house, keeps him all night, gives him breakfast, lodging and $10. He leaves for North Madison; drops again; he writes he is out of money, and wants to get home; hat goes around; he makes $9 50 off

the good people of North Madison. He goes on, and is still dropping and traveling.

Philadelphia Hospital.—Dr. Gross commenced his term of service at this institution on Wednesday last. Notwithstanding the inclemency of the day and the distance of the hospital from the colleges, a very large class greeted him in the amphitheatre. An exceedingly interesting and varied array of cases was presented.

The hospital is now filled to its utmost capacity and presents an unparalelled field for the selection of the most valuable and attractive clinic.

Dr. Tutt assumes the charge of the medical wards, and Dr. Harlow of the obstetric wards.

Scarlet Fever is prevailing in an epidemic form and with considerable fatality in Newark, N. J.

Small Pox is epidemic in Boston, Mass. Dr. H. G. Clark, the City Physician, publishes a card recommending re-vaccination, as a test of the first, or a preventive of varioloid.

Centenarians.—The following is a list of the names of persons of one hundred years and upward who have died in the United States during the year 1859:

Date.	*Names.*	*State.*	*Age.*
February 5.	Philip Jessee,	Virginia.	129
8.	Cæsar. colored,	Louisiana,	138
16.	Aunt Kandar,	New Jersey,	103
18.	Zelphy Schanck,	New Jersey,	110
18.	Nancy, a slave,	Alabama,	100
22.	Sarah Mallory, colored,	Virginia,	120
22.	Hannah Phillips,	New Jersey,	118
27.	Thomas Sweeny,	Pennsylvania,	122
March 14.	Mary Shangnessey,	Massachusetts,	112
17.	Elizabeth Carter,	South Carolina,	101
20.	Phebe Christian. colored,	Ohio,	118
April 25.	Polly Boston, colored,	Maryland,	109
25.	John Dickson,	Ohio,	110
June 22.	Virginia Ford, colored,	Washington,	120
July 14.	Anna Pope.	Massachusetts,	105
16.	Sarah W. Hughes,	Mississippi,	113
August 17.	Susanna Harvey,	Rhode Island,	100
20.	James Kean,	Pennsylvania,	105
25.	Wm. Owens,	Virginia,	100
Sept'r. 24.	William Sims,	New York,	102
28.	Elizabeth Gammel,	Georgia,	115
October 12.	John Uttinger,	Tennessee,	104
November 1.	John Wilson,	Maine,	106
17.	Phillis, a slave,		100
Decemb'r 17.	Geo. Woodhouse, colored,	Virginia,	120
25.	Mrs. Greenly, colored,	Pennsylvania,	110

The Annual Meeting of the Medical Society of New Jersey will be held at Trenton on the 4th Tuesday (the 24th) of January, at 7½ o'clock P. M. Delegates will be careful to be provided with their credentials.

W. PEIRSON, *Rec. Sec. &c.*

To Correspondents.

COMMUNICATIONS RECEIVED.—*Arkansas*, Dr. Geo. W. Lawrence, (with encl.)—*District of Columbia*, Dr. A. J. Semmes—*Georgia*, Dr. J. M. Simmons—*Illinois*, Dr. Rob't F. Hays, (with encl.)—*Iowa*, Dr. M. Cousins, Jr.—*Maryland*, Dr. L. R. Kirk, (with encl.)—*New Jersey*, Dr. John C. Johnson, (with encl.,) Dr. N. B. Jennings, (with encl.,)*New York*, Dr. L. Elsberg—*Ohio*, Dr. C. B Hall—*Pennsylvania*, Drs. Dan'l L. Batdorf and A. J. W. Smith, (with encl.,) Dr. Henry Carpenter, Dr. Geo. S. Wentz, (with encl.,) Dr. Traill Green, (with encl.,) Dr. J. L. Peirce, (with encl.)—*Virginia*, Drs. Campbell and Triplett, (with encl.)

Office Payments.—Dr. Thos. S. Kirkbride, Dr. H. D. Benner, Mrs. Foster, W. B. Mann, Esq, Dr. Chas. Smith, Jr., F. S. S. McMahon.

Missing and Back Numbers sent to Dr. M. Cousins, *Iowa*; Dr. L. R. Kirk, *Maryland*; Dr. Geo. S. Wentz, *Pennsylvania*.

DEATHS.

HENRY—In this city, on the morning of the 5th instant, Dr. William Henry, in the 52d year of his age.

MURRAY—At Louisville, Ky., Dec. 19th, Dr. John L. Murray, in the 76th year of his age.

ROSMAN—In Brooklyn, Dec. 25th, 1859, Robert Rosman, M. D., æt. 53.

YARDLEY—In this city, suddenly, Jan. 4th, Thomas H. Yardley, M. D., in the 60th year of his age.

UNIVERSITY OF VERMONT.
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AN APPEAL TO THE PROFESSION:

IN BEHALF OF THE "GYNECIAN SANATORIUM,"

LOCATED AT SYLVAN SPRINGS, N. Y.

The benefits to Patients, and the advantages to the Profession, of a Private Sanatorium for Women, may well be presumed to suggest themselves, on a moment's reflection, to every physician. Uterine diseases are fearfully increasing. The remedial agencies available in ordinary practice are too frequently ineffectual, and "Nature's Hygienic Commandments" almost necessarily, *unavoidably*, disregarded at the patient's home.

Is it not, as Professor Charles D. Meigs says, "as mortifying as it is true, that we do often see cases of these disorders going the whole round of the profession in any village, town or city, and falling at last into the hands of the quack, either ending in some surprising cure, or leading the victim, by gradual lapses of health and strength, down to the grave, the last refuge of the incurable, *or rather the* UNCURED!"

It is the want of Professional Retreats that fills so many Quack Establishments.

"Water Cures" are well known to have been perfectly crowded with sufferers from uterine disease, and simply because medical men here have not provided private institutions, such as there are in Europe, *specially, for treating the diseases peculiar to women.* Now, while there ought to be many such in the land, we appeal to the profession to sustain this, the first attempt to establish a Gynecian Sanatorium in America! We propose to physicians to admit to the Sanatorium those of their patients who in their judgment require the special influences of such an institution, to remain as long as they need those advantages, they again taking charge of them for any necessary after treatment.

We again most cordially invite physicians to visit the Sanatorium at any time, and urge them in all cases, when convenient, to accompany the patients they recommend, there.

Physicians will be supplied, on application, with circulars of the Institution, for their patients.

All letters to be addressed to

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PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

WILLIAM GIBSON, M. D.

Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.

Second—To the same for their Improvements in Club Foot Apparatus.....Second Premium.

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The regular Course will commence on the first Monday of November, and continue until the first of March ensuing.

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FINE MEDICAL SADDLE BAGS.

The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

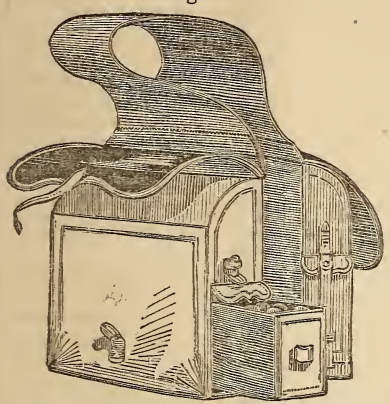

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	20	"	9.50
"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

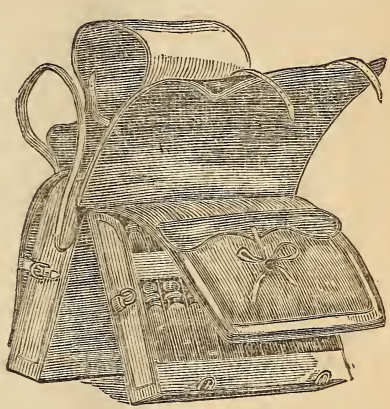

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

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EMBRACING, AMONG OTHERS,

Pil. Cath. Comp.:
Pil. Rhei:
Pil. Rhei Comp.:
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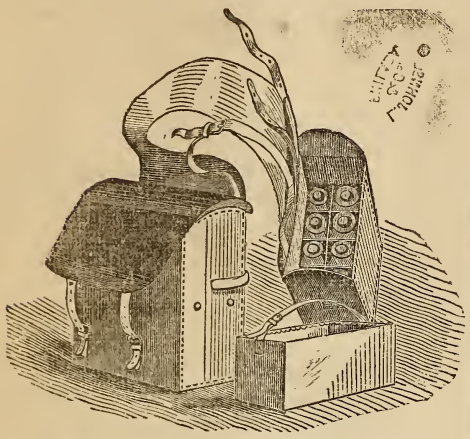

Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12	1 oz.	Ground Stop. Bottles	and	
	12	1½ oz.	" "		$9 50
No. 2, containing	10	1 oz.	" "	and	
	10	1½ oz.	" "		8 50
No. 3, containing	8	1 oz.	" "	and	
	8	1½ oz.	" "		7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 5, "	20	1 oz.	" "	9 50
No. 6, "	16	1 oz.	" "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24	1 oz.	Ground Stop. Bottles,	$10 50
No. 8, "	20	1 oz.	" "	9 50
No. 9, "	16	1 oz.	" "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27	1 oz.	Ground Stop. Bottles,		
" "	18	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$19 00
No. 2, containing	21	1 oz.	Ground Stop. Bottles,		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$15 50
No. 3, containing	18	1 oz.	Ground Stop. Bottles,		
" "	10	½ oz.	" "	and	
" "	4	Pots,	" "		$12 00
No. 4, containing	20	1½ oz.	Ground Stop. Bottles	and	
" "	2	Pots,	" "		$8 50
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" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop. Bottles,		
" "	14	1 oz.	" "		
" "	14	½ oz.	" "		
" "	4	Pots,	" "	and	
" "	1	Mortar,	" "		$16 50
No. 3, containing	14	1 oz.	Ground Stop. Bottles,		
" "	14	1½ oz.	" "	and	
" "	4	Pots,	" "		$13 00

126 y

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PHILADELPHIA, DEC. 14th, 1858.

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 169. PHILADELPHIA, JANUARY 14, 1860. NEW SERIES VOL. III. NO. 16

ORIGINAL DEPARTMENT.

Communications.

Case of Tænia.

By N. D. Ferguson, M. D.,
Of Carthage, Jefferson Co., N. Y.

Miss Z., aged 29 years, German, applied to me on the 21st of September last, to be treated for tape-worm, from which she had long suffered.

On investigating her case, I found that her general health which had previously been uniformly good, was now somewhat impaired. I learned on further investigation that she had frequently passed pieces of tape-worm, and at one time a piece seven feet in length.

I commenced the treatment of the case by the use of meal gruel sparingly administered during the day, September 21st. On the following morning, September 22d, ordered the following cathartic:

℞. Pulv. jalapæ,
Extr. colocynthidis aa gr. vi.
Podophyllin, gr. iv. M.

and make into nine pills, three to be given every four hours, and free catharsis procured. Before retiring the patient was allowed to partake of meal gruel.

23d, 9 o'clock, A. M., administered oleum terebinthinæ, f℥i. At 12 o'clock, noon, ordered oleum ricini, f℥iss., and at four, P. M., a tape worm twenty-five feet in length was expelled, and of that variety denominated tænia lata.

Remarks.—The patient mentioned above, was treated some four years since for tape worm, and at that time took one fluid ounce of the oil of turpentine, three mornings in succession, with no other effect that active catharsis. I was induced to modify the treatment, from the fact, that she had been treated with the oleum terebinthinæ, and also from the well known fact, that under the influence of drastic purgatives, portions, and even whole tænia have been expelled.

Will the members of the profession test still further this modification of treatment, for the unwelcome guest?

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

December 31st.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Pneumonia.—Dr. Gerhard remarked that he had been able to show a number of cases of commencing pneumonia. It was rare, in hospital practice, to get a case of pneumonia in the beginning. Those which the class had seen had demonstrated the advantages of treating this disease in its early stages.

This patient, a Frenchman, had been in the hospital some time with gastric disorder. Two days ago he was seized with a chill and pleuritic pains. He has a little cough, but no expectoration. There is a moderate degree of fever, his pulse is 100, well developed, and resisting; respiration about 40; tongue slightly coated.

His countenance has the usual aspect of pneumonia, only moderately developed. There is a moderate diffused flush. In a day or two longer we should expect to find a deep flush, confined to the cheek.

The inflammation is confined mainly to the right lung, at the posterior and lower portion, and is rather to be called pleuro-pneumonia. He will probably have a large pleuritic effusion and but little pneumonia.

Treatment.—The patient has already been well cupped. I will direct eight or ten ounces to be taken from his arm. He has taken ½ grain ipecac. every two hours. This dose will be increased to ⅔ of a grain, and a mustard poultice will be applied to his breast. At present there is no necessity for mercury. If the pneumonia should increase, it will become a question whether mercury, or the tartrate of antimony, will be of most benefit.

Emphysema, with Bronchitis.—This patient, you observe, lies upon his back. He breathes with a strong spasmodic inspiration, not as if he had pain, but as if his object were to expand his lungs by an effort of will. His countenance is slightly flushed; pulse 78. He has cough, with expectoration, and his respiration is of natural frequency. His disease is bronchitis and emphysema. The former he has only in the winter, but the shortness of breath remains throughout the year.

There is little distinction between emphysema and asthma. Emphysema is a dilatation of the vesicles of the lungs, and may be regarded as a cause or effect of the bronchitis which so commonly attends it. Either of the disorders may occur first. The term is applied to a physical condition of the lungs, and is scarcely a disease.

The physical signs of emphysema are well marked here—dilatation of the chest, resonance on percussion, and feeble respiratory murmur. There is also a mucous rhonchus, particularly marked at the lower portions, and a peculiar rustling tone of the respiratory sound, which is characteristic of extensive emphysema, and arises from the passage of air into the dilated vesicles.

Treatment.—As far as the emphysema is concerned, we need not attempt to cure it. It is a physical condition which we cannot remove. All that we can do is to check the paroxysms of dyspnœa and relieve the attacks of bronchitis. The remedies most useful in checking the dyspnœa are sinapisms applied between the shoulders, and the use of lobelia in doses sufficient to excite nausea. If the tincture be used, the dose should be 20 or 30 drops every two or three hours. Sometimes cups may be applied between the shoulders when there is great difficulty of respiration. The medication may be varied from time to time with squills, senega and ipecac. I will direct for this patient, squills, lobelia, and the camphorated tincture of opium, medicines which shall act as nauseant and expectorant. He may also have a few cups applied to the dorsal vertebræ, of which several shall be dry and two cut. Activity of the circulation should be kept up through the skin by warm clothing. He should wear flannel. For preserving the warmth of the feet, cotton stockings are better than woolen. He should avoid exertion, exposure to damp, and cool air, or in other words, all those causes which bring about an increase of the symptoms of the disorder.

The remedies which are most serviceable for ordinary bronchitis are in general equally applicable to that variety which complicates emphysema.

[*A Curious Case of Albinism* was exhibited to the class by Dr. Gerhard, in the person of a tall and well formed negro, upwards of ninety years of age, who is seen frequently in the streets of Philadelphia. With the exception of a few spots upon his face, there was an entire absence of the pigmentary matter of the skin, which, however, did not present the pallid milk-white color of congenital albinism. His eyes were black, but his wiry hair and beard were nearly white. He has been in good health, and the change in color commenced when he was 70 years old. The entire face has once been white, and has again become colored in spots. The old man possesses active powers of body and mind. His case may be called one of secondary or accidental albinism.—Rep.]

Ascites.—(See Reporter, page 328.)—The symptoms which threatened an attack of mania-a-potu have entirely disappeared. The dropsical effusion in the abdomen and the anasarca of the lower limbs, have greatly diminished. The skin has become moist; this is to be considered an improvement. The urine is voided in large quantity, and is free from albumen.

The cause of the dropsy was mainly disease of the liver—the fatty liver of drunkards.

Treatment continued—for removal of the effusion, infusion of juniper berries and squills; opium to arrest his diarrhœa, which it was desirable to check, and iron and quinine for his anæmic state.

Jan. 4th.—Improvement more marked; greater diminution in effused liquid in the limbs, and less fluctuation of the abdomen; skin better, pulse softer; still a rough bellows sound at mitral valve remaining, with the hydrops pericardii.

Treatment continued. The patient was expected to get well of the present acute symptoms of disease, but the enlargement of the liver could not be entirely removed, because it was dependent on fatty degeneration.

January 4th.

Service of Dr. Peace.

Irreducible Hernia.—This man has had inguinal hernia of the right side 20 years, and of the left 12 years. He has constantly worn a truss, and has always been able to keep the bowel up, until two weeks ago, when it descended with some lancinating pain, and he was unable to reduce it. On his admission, 48 hours after, there was a large tumor of the right inguinal region, which was not accompa-

nied with severe pain, and was thought to be omental. He was placed in a hot bath, and an enema of oil was administered. Dr. P. then succeeded in reducing the tumor three-fourths in size, but the remainder it was impossible to return. Then came the question of an operation for his relief. If done at all, it should be done early. The danger arose in such cases, not from the operation itself, but from the delay, the result of which is inflammation and mortification. He had not operated, because there had been no evidences of strangulation, but constipation. Had there been sickness of stomach and vomiting, he would have relieved the stricture by an immediate operation. The condition of the patient did not now seem to demand operative interference. His bowels were moved yesterday without medicine. Dr. P. was of opinion that it was merely a portion of omentum which remained, and that by quiet and emollient poultices, the adhesions might be sufficiently absorbed to allow of its return.

Lacerated Wound of Perinæum.—This man came in last Thursday with an extensive lacerated wound of the perinæum. He was caught and jammed between a wagon and the wheel-house of a ferry boat, tearing the scrotum directly across to the bulbous portion of the penis, and exposing the testicles and urethra, but without rupture of the latter. A catheter had very properly been introduced by the resident surgeon immediately after his admission. The edges of the wound had been closed with the leaden suture, emollient poultices were applied, and the patient did well for several days, at which time he became stupid and depressed, with a quick pulse. The edges of the wound became of such a color as to lead Dr. P. to fear sloughing. An abscess was discovered and opened by the lancet; the discharge of pus gave relief to the patient. The wound was now suppurating, and he seemed in a fair way of recovery.

JEFFERSON MEDICAL COLLEGE.

Clinic of Prof. Pancoast.

JANUARY 4.

Case of Acute Hydrocele.—The first case I shall present to you to-day is that of this lad, about fourteen years old, seemingly in perfect health, who has been suffering for about two months, with hydrocele on the left side of the scrotum. It was occasioned by a bruise of the testicle in slipping down stairs, which resulted in epididymitis. The consequence of this epididymitis has been the accumulation of fluid in the tunica vaginalis testis serosa, forming a hydrocele, or dropsy. The diagnosis is perfectly clear, and we estimate the amount of water accumulated to be about a half a pint.

You have seen during the winter several cases of hydrocele in adults, of a chronic character, in which the water had been accumulated for months, or years, where the serous tunic if it could have been inspected, as well as the sub-serons cellular tissue beneath it, would have been found thickened, and in the older cases almost coriaceous. Such cases we cure by the iodine injection, or the seton.

The case before us is of a different sort, it is of recent origin, has occurred in a young subject, and the serous membrane cannot be supposed to have undergone much change, but must be so thin and loose, that if we make a large puncture into the cavity, we might expect to see it bulge out as the water escapes, in a loose transparent pouch through the wound. This form of hydrocele we call the acute. The distinction of hydrocelic tumors of the scrotum into acute and chronic, which require different modes of treatment, is very important in practice. In the category of acute hydroceles, belong such cases as the one before us, the accumulation of water in the serous tissue of the scrotum, which almost invariably attends the hernia humoralis following gonorrhea, and very many of the cases of hydrocele in young children. In acute hydrocele I never inject or use the seton. I pass a broad sharp-pointed bistoury, or a thumb lancet into the cavity, twist the instrument so as to make the wound gap and let the water escape, and the sac protrude.

The operation was then performed before the class, and the protruded serous sac was seized with a pair of forceps and drawn through the wound. By snipping it partly off with the scissors, and renewing the traction each time, a considerable part of the reflected serous tunic was removed. A piece of isinglass plaster was laid over the puncture, and the patient directed to wear a bag truss. Dr. P. observed that this operation in cases suited for it rarely failed in his hands. A good portion of the serous tunic was removed, some blood would flow into the cavity, and would aid in bringing about the cure. In tapping for the hydrocele attending hernia humoralis, with the object of relieving the painful tension, Dr. P. remarked that a simple puncture only would be made.

Contraction of the Biceps Muscle.—The next case presented was that of a man who had had the wheel of a loaded wagon to pass over the left arm, just above the elbow, three weeks ago. The arm is now flexed at a right angle, and the patient is unable to extend it. The condition of the elbow joint was carefully examined before the class. The head of the radius was proved to be in its right position. Nothing abnormal could be found about the upper end of the olecranon or on the condyles. The arm could be flexed readily, but in attempting to extend it the biceps flexor cubiti muscle resisted, and its tendon was rigid and prominent. Dr. P. believed that the whole difficulty lay in the inflamma-

tion of the muscle. He directed it to be well leeched, to be covered with the extract of lead and laudanum lotion, and a purge to be given followed by a diaphoretic. If the arm was not fully relieved by this treatment, it might be necessary hereafter to make a subcutaneous division of the biceps tendon.

Forcible Extension for the cure of False Anchylosis.—This patient, a woman, had received an injury of the arm from a fall last October, which had resulted in restricted and painful motion of the elbow joint. No fracture or abnormal position of the parts could be detected; indeed it was doubtful if any fracture or displacement of the bones had taken place. Whatever might have been the injury to the bone, it would now be too late to remedy it; it remained only to break up the adhesions which existed about the joint, probably in the cellular tissue outside of the synovial membrane.

The patient being etherized, the forearm was forcibly flexed and extended several times upon the arm, until the motions of the joint were completely restored. During this operation the adhesions yielded with an audible crack.

Dr. P. observed that some of the bands would unite again, and that it would be necessary to repeat the operation at the end of a week. It would be followed, however, with very little irritation; and often the result was the complete restoration of the joint to its original perfect condition. The arm should be surrounded by cloths wet in lead water and laudanum, and be put in splints.

Division of Soleus Muscle for Club Foot.—After some observations on the varieties of club foot and their relative frequency of occurrence, Dr. P. remarked: The necessity for an operation may sometimes be avoided by splints or other carefully adjusted apparatus, worn for a considerable time: this alone was not always sufficient to remedy the defect; but here the science and art of surgery came to our aid, and in the treatment of no other deformity had it shown itself to greater advantage. He would say that every case of club foot might be cured. It was only within a few years that he had seen what had been the cause of failure to cure, or rather of the imperfection of the cure, so often observed in the treatment of this affection. After the division of the tendo-Achillis in talipes varus—the most frequent variety of club foot, it has often been observed that the deformity had a tendency to return.

The whole cause of failure consisted in this: the tendo-Achillis is the common servant of two muscles, the gastrocnemius externally and the soleus internally. Either of these muscles separately may be in a state of permanent or spastic contraction. Suppose the soleus to be firmly contracted and the gastrocnemius to be relaxed; if then the tendo-Achillis be cut the case will do well for a time, but the deformity will return. The contraction of the soleus muscle alone he believed to be a more common cause of club foot than that of the gastrocnemius, and the remedy in such cases was an operation entirely new, and peculiar to himself, which he had performed with the greatest success in numerous cases, and in patients varying from two months to twenty-seven years of age.

This operation consists in the division of the attachment of the soleus muscle to the Achillis tendon. The puncture is made at the junction of the lower and middle third of the leg, and the knife of Bouvier (about three-fourths of an inch long in the blade, with a long rounded shank) is inserted into the fissure between the gastrocnemius and soleus muscles, and the division of the latter is made by cutting downward, keeping close to the tendo-Achillis.

Dr. P. prefers applying force immediately after the division of the muscle to bring the foot into its natural position.

The operation, as thus described, was performed before the class in two cases in which the deformity was very great, with the most gratifying result. Even if it was necessary in some cases to cut the tendo-Achillis afterwards, it was better to divide the soleus first, when the muscle is felt to be much the more rigid of the two.

Removal of Body of Superior Maxillary Bone.—By the courtesy of Prof. Pancoast, the operation for removal of the superior maxillary bone was performed by his colleague, Dr. Gross. The patient was 69 years of age, a miller, and of temperate habits. The tumor protruded outwardly, and also toward the nasal cavity. It had gradually increased since the time it was first observed, four months ago.

The affection Dr. G. presumed to be encephaloid—fungus hæmatodes—soft cancer, the nature and structure of which it was unnecessary now to dilate upon, as he had lately explained it fully in his lectures. The disease here had evidently commenced in the maxillary sinus, probably in the mucous membrane, possibly in its periosteal lining. It was comparatively limited. The alveolar and palate processes were not affected; only the anterior wall of the antrum was involved. It was without pain, there was no discharge, and the general health of the patient was good. It was, therefore, a case in which the surgeon was justifiable in performing an operation for the relief of the patient.

If the tumor should remain unmolested, it would encroach, ere long, upon the surrounding structures in all directions. At a later stage we should find involvement of the lymphatic ganglions in front of the ear and below the jaw. When the disease was in this stage he usually declined operating, as he should

also when it made rapid progress, or was of long standing, with marked cancerous cachexia in the patient, evidenced by sallow complexion and rapid wasting of the flesh and strength.

The operation would consist in the excision of the diseased structure, cutting freely into the surrounding structures, so as to remove the atmosphere, as it were, which enveloped the diseased portion. The data of operations upon the upper jaw, Dr. G. remarked, were imperfect. He had performed many, not always with a happy result. His colleague, Dr. Pancoast, he believed, had performed more, and met with greater success. It was certain, so far as his experience went, that the operation was not so generally successful as that upon the lower jaw. He must say to this patient that he would perform the operation to the best of his ability, and leave the result to nature.

After the administration of ether and the extraction of the middle incisor tooth of the diseased side and a molar, which were in the way of the operation, a curvilinear incision was made from the ear to the middle of the right side of the upper lip. The hemorrhage following this incision made it necessary to stop and secure several bleeding vessels. The cheek was then separated from the bone, and the outside of the tumor exposed. At its outer limit the union was detached by sawing through the malar bone; the ascending process and horizontal portion of the superior maxillary were divided by pliers, and the diseased body of the bone was removed in mass. A portion of the orbital surface was also included. The excavation was then examined with minuteness, in order to remove every portion of the cancerous growth. The wound, Dr. G. observed, would be closed with the twisted suture, and he would expect it to heal by the first intention.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by W. B. Atkinson, M. D.]

WEDNESDAY EVENING, DECEMBER 14TH.

Subject for Discussion—THE TREATMENT OF HERNIA.

Dr. COATES, President, in the chair.

DR. R. P. THOMAS introduced the subject, by stating that his remarks would be confined exclusively to the treatment of hernia. For convenience of description, he should arrange the general subject under the three heads of Congenital, Strangulated, and old Reducible Hernia.

He remarked—As the treatment of any complaint will be modified by our views of its pathology, so in hernia, our conceptions of its essential nature will influence our conduct. If inflammatory in its nature, depletion and cold applications would be indicated. If dependent upon, or kept up by spasm, the antispasmodics should relieve it. But hernia is not necessarily associated with either of these conditions. It is not a disease, but a dislocation. True, adhesions, effusions, congestions, and gangrene are often met with, but these are the results of the displacement, and in no wise constitute an essential part of the rupture. Hence the antispasmodic, the nauseating, and the depletory remedies are better calculated to relieve the symptoms consequent upon the hernia, than efficient in restoring the prolapsed gut.

These remedies are but adjuvants in the treatment, and, although sometimes beneficial, their employment often proves injurious, by causing a longer delay before resorting to operative measures.

First, of the CONGENITAL FORM. Here, there is virtually no room for argument, the profession being all of one mind concerning its management. Nature herself shows us how it should be treated. The first indication is to apply pressure, to the proper amount to cause adhesion of the *tunica vaginalis* at the internal ring. Now, the questions arise, What is the proper amount, and how shall the pressure be applied? Dr. T. had treated a number of cases, and had never encountered any special difficulty, nor was it requisite to apply very great pressure. In two cases he had employed a truss for three months, yet in both, when this was removed, the bowel still descended, and he was obliged to renew the application. Generally, after six months of the ordinary pressure, the cure is complete. Next, how shall it be applied? It is always difficult to manage children in these cases, on account of colic, crossness, etc. As a mere temporary expedient, and in the case of poor patients, perhaps nothing is better than the ordinary *spica* bandage of the thigh, with a soft sponge over the canal. This was first introduced by the elder Dr. Parrish, on account of its facility of retaining the protrusion, and its steady elastic pressure. Dr. Coates, of England, some years ago introduced a plan, which Dr. T. had also found to be admirable; this is the placing of a skein of yarn around the body, below the top of the hip, bringing the point of the loop over the orifice, with the other end passed under the thigh, and pinned on the outside. This makes an elastic pressure directly over the spot from where the hernia protrudes. These methods bear the same relation to the regular truss, as the Spanish windlass holds to the tourniquet of Petit. That is, they are excellent temporary expedients. Trusses made of the proper shape, act well, and usually effect radical cures. Then, we may have another variety of con-

genital hernia, that from the umbilicus. The little patient is apparently subject to colic, the remedies administered do not have the proper effect, an examination is made, and the difficulty is found to be that a portion of the gut is pinched, which is readily relieved by the taxis. Dr. Meynier, of France, considers pressure on the umbilicus to be the worst plan of treatment, as it opens the orifice; he recommends the application of adhesive bands in different directions, so as to produce a little mound at the umbilicus, and thus pulls the parts together. This plan the lecturer had never employed, but uses a piece of sheet lead, the size of a copper penny, fastened to a flannel bandage, with the convexity to the skin, and finds this generally to be sufficient.

The treatment of STRANGULATED HERNIA, as occurring at any age or place, is a question of great importance to every practitioner. There are two general plans demanding our consideration—the medical and the surgical. First, of *the taxis*. This mode of reducing the dislocation, may be employed either with or without medication internally or locally. Nor is it necessary to employ it otherwise than in the most gentle manner. With the fingers of one hand compressing the neck of the tumor, while, with the other, but slight pressure should be made on the body of the tumor, pulling it down, rather than pressing it up; as there is always more or less thickening round the neck, the pressure there aids in reducing the bulk, and, also, by rubbing it between the fingers, it may be emptied of any fœcal matters which it may contain, and thus it may often be slipped up. But, notwithstanding our care, we are all often mortified by failing in our efforts; and yet the patient himself, upon trial, forces it up bodily, as it were, with a jerk.

There is a variety of methods in which the taxis may be performed. Thus, Dr. A. Buchanan, of Glasgow, recommends it to be made during a forced expiration, the breath being then held as long as possible, under the idea that while the mind is engaged by this painful impression, there is a comparative unconsciousness of what is going on, and both the voluntary and involuntary forces of the patient are restrained from opposing the reduction. The chief resistance is indirectly from the diaphragm, which is overcome by the exhalation. Recently Dr. Buchanan reiterates this advice, after forty-five years' experience, and says that he has succeeded in many cases which would not yield otherwise.

In direct opposition to this plan, Dr. Richardson, of Cincinnati, recommends a forced inspiration. But, in reflecting on the condition of the parts involved, we find there is no real contradiction in the two plans, but a concurrence. The patient is placed on his elbows and knees, as recommended by Professor Pancoast for the performance of the operation for vesico-vaginal fistula, thus preventing the action of the abdominal viscera, etc. In this position, during the act of inspiration, the walls of the abdomen present a marked convexity, the cavity is increased, and the viscera, by gravitating from the seat of stricture, aid in reducing the hernia.

Dr. Wise, of the East India medical service, says that the native practitioners employ a different mode from either of the above. He tried to reduce the hernia in a case under his care, and failing in the taxis, as usually employed, a native was invited to assist, who succeeded very readily in reducing it. The patient was placed on his back, with the hips elevated and the shoulders depressed; a sheet was then placed below the abdominal protrusion, and the whole mass lifted up, by the aid of two assistants, while gentle pressure was made on the tumor. The lecturer had also succeeded in a similar manner, in an obstinate case.

Another mode has been recently proposed by M. Suetin, which he asserts has succeeded in a great number of instances. This is by rupturing the strictured part. One finger is passed into the external ring, and carried up directly between the two pillars, thus splitting up the fibres of the external oblique tendon. It is then insinuated along the inguinal canal, to the internal ring, where a forcible effort is made to tear the fascia forming the seat of the stricture. M. Suetin claims great success for his plan. *Credat qui vult!*

Next, of the medical treatment, as conjoined with the taxis. Much stress has been laid upon this by most writers on hernia. For the sake of discussion, we will divide it into the relaxing and the antispasmodic. In all the older works, we find bloodletting forcibly recommended, with the idea, no doubt, to relieve spasm; just as in any luxation we require prostration at first. Then comes tartar emetic, and tobacco, for the same purpose. Dr. Physic was very partial to this latter remedy. He employed venesection first, and then a tepid tobacco enema, made in the proportion of a drachm to a pint of boiling water. Half of this was injected into the rectum, followed by the remainder in fifteen minutes, if necessary. This plan was exceedingly dangerous. A fatal case occurred in the hands of Sir Astley Cooper, and the practice was abandoned. Lobelia has been employed as a substitute, but this likewise has caused death, and hence is no longer used. Of all the relaxing remedies, none surpasses or equals the *warm bath*. It cannot be too highly recommended.

An *antispasmodic* remedy which has been employed by Dr. Neubold of Germany, is the acetate of lead. A solution of ten grains in six ounces of warm water, is thrown up the rectum every half hour. More good, perhaps, has been obtained from cold douches, or compresses. The length of their

application must be governed by the feelings of the patient. When chilliness is complained of, the application should be removed. Ice has a two-fold advantage. It is astringent and sedative, diminishing the congestion of the gut, and the sac itself, at the same time reducing the size of the tumor. The second, and perhaps most valuable property, is its power of producing anæsthesia. The patient then can bear the necessary manipulations, and the reduction is accomplished.

Belladonna has been suggested by Dr. De Borsa, an Italian, on account of its peculiar action on the iris; and as the intestines are supplied from the great sympathetic, its specific effect would certainly be produced here also. It has, however, not met with much favor.

Opium.—This has, in modern times been proposed by Dr. Butler Lane, but it was employed in the time of Hippocrates, and by practitioners ever since. Dr. Dorsey mentions the effects of laudanum in a large dose, and claims to have succeeded, by its use, after a failure of the taxis. He also employed opium, giving one grain every hour.

Lately, we have been supplied with the class of *anæsthetics*, from which there is every reason to anticipate the happiest effects. Although acting in a different way, they secure the end desired in the employment of venesection, etc.; that is, they relax the system, and do it in the easiest and most effectual manner possible. The same holds good with regard to the antispasmodic action, as the anæsthetics are the most powerful of the class. One great advantage, also, is that time is thus saved, which would inevitably be lost by any other mode of procedure. In five minutes the surgeon knows whether he can reduce the hernia, or must operate. One great danger of the medical treatment is, that it may be prolonged and too much reliance be placed upon it. There is a natural shrinking from the knife; it is put off till the last moment, and hence the error; it should be one of the first, instead of the last. In all arguments it is best to refer to statistics, as they are the most faithful means of ascertaining the truth of any proposition. Statistics prove this delay to have the most frightful effects.

In 837 operations, 485 recovered, and 352 died; two out of five. This is certainly an alarming mortality. It bears, however, a direct ratio to the time elapsing between the strangulation and the operation. Thus, Boyer and Mannec give the statistics, on this point, of 58 cases. The taxis was employed for a long time in 9, of whom 8 died; for a moderate length of time, in 7, with 4 deaths; slight, or very gentle taxis in 42, but 6 deaths occurred, or one in seven. Statistics like these, carefully collected, and honestly reported, are invaluable.

When the employment of the knife has been determined upon, the question arises, shall the sac be opened? Petit says *no*, if it can be possibly avoided. Physic coincides with him. Dorsey reiterates this opinion. It is now being discussed in London, at the medical societies. It has been argued, that if it be left unopened, there is less danger of peritonitis; but this argument is of small value. The sac is no longer peritoneum; it has been so altered by the products of inflammation, that it is no longer so susceptible to inflammation. This is evinced by the extreme difficulty of applying sufficient pressure by the truss, in a case of reducible hernia, as to cause adhesion of the walls of the sac. On the other hand, a danger to which the patient is exposed by the return of the sac unopened, is internal strangulation. This has repeatedly occurred, and resulted in the death of the patient.

Again, it is not easy of performance, in consequence of the adhesions to the surrounding tissues. These being broken up, the sac thus returned to the abdominal cavity is a rough, and therefore a foreign body. Last July a year, the lecturer assisted a distinguished operator in attempting to relieve a hernia in this manner, the operation occupying an hour and a half, which ought not to have taken ten minutes. He attempted to dissect out the sac, failed, and was finally compelled to open the sac, after which, all went well.

Mr. Ward, of the London Hospital, gives the following statistics, bearing on the point:—There were 63 cases of femoral hernia. In 21, the sac was opened in 57 hours from the period of strangulation, 12 recovered, 9 died; in 42, the sac was not opened. The strangulation only lasted in these 37 hours, 32 recovered, and 10 died, or 1 in 4. These figures seem to militate against the argument; but, nevertheless, Dr. Ward himself draws the same inference as is adduced by Dr. Thomas, namely, that the additional period of twenty hours in the strangulation of the 21 cases in which the sac was opened, is more than sufficient to account for the increased mortality, as the danger augments almost in a geometrical progression with every hour's delay, and more especially after the first twenty-four hours.

Mr. Hewitt, of the Manchester Hospital, gives the report of 75 cases of opened sac, of which 19 died, or one in four, being the same mortality as in the 42 cases reported by Mr. Ward, in which the sac was not opened.

The next question is, what shall be the treatment after the operation? The books say purgatives must be employed; but the day has passed for the belief in purgation, and it is now known that purging is liable to cause danger to the patient.

Dr. Mussey, of Cincinnati, says, one of the most dangerous symptoms is a free evacuation, or a series of evacuations, from the bowels, soon after an operation. They should be kept quiet, and opium be employed for this purpose, if necessary. Having

recovered, the patient must wear a truss for life. (The lecturer exhibited a number of trusses to illustrate his remarks.)

The third division comprises the treatment of REDUCIBLE HERNIA. The ordinary mode is by the truss, and it will carry the patient through life comfortably. But the question occurs, can a radical cure be effected? Of course, those who advertise trusses for sale, claim this as a result, in every case, of the employment of their particular form of truss. The great point is, to cause the opposed surfaces of the canal to adhere. To effect a radical cure with a truss, the case must be selected. This cannot occur in femoral hernia, as there is no canal above Gimbernat's ligament, on which to make pressure. In the inguinal form, especially in cases of long standing, the abdominal canal, by the traction of the hernia, is shortened, and the rings are brought in apposition with each other. Under such circumstances, there is little or no canal to be obliterated, no opposed surfaces to unite, and hence a radical cure by a truss can hardly take place.

In a recent case, occurring in a young person, when the canal is of the ordinary length, a cure may be effected by the use of a proper truss, producing firm, equable pressure, and causing the walls of the canal to adhere. A fault in nearly all trusses is, that they slide to one side or the other, up or down; hence, the pressure is not maintained on the same spot.

Trusses having failed, an operation of some kind suggests itself to the mind. To be successful, it is necessary to obliterate the inguinal canal in some way or other. Numerous plans have been devised. Gerdy, a French physician, operates by placing the fore finger of the left hand below the external abdominal ring; works the skin up into the canal; then passes up a curved needle, armed with a thread, along the finger, and thrusts it outwardly through the tissues and the skin; a loop is caught and retained, and the needle returned, and again passed in a different direction, so as to have the two ends of the thread on the upper surface, to tie over quills or a piece of wood. Thus, the skin is pinned in this inverted condition. This is repeated as often as may be necessary. After this, aqua ammonia is rubbed around the walls of the cavity, in order to denude it of the skin, and the raw opposed surfaces are made to unite by pressure. Amen gives the statistics of this operation, amounting to 700 cases, with only 6 deaths. Gross, however, in his recent work, details 42 cases, with 4 deaths. The objection to it is, that it merely closes up the external ring, but does not obliterate the inguinal canal, into which the intestine may still descend and be incarcerated. Hence, it is not popular in the United States. Another recent plan is that of Wützer, of Bonn, Germany. This is the same as the former in its preliminary steps, the variation being in the mode of filling up the cavity thus formed. For this purpose he passes up a grooved wooden plug, through which is afterwards carried a curved stilette through the skin. The point of this needle is then removed by unscrewing it, and the parts are pressed together by a cap placed on the outside, and screwed tight enough to cause adhesion. This is maintained for from three to eight days, according to the feelings of the patient; generally, however, a relaxation is required in twenty,four hours. This obliterates the canal and the sac. 57 cases, with one death, are reported. A modification of this is proposed by J. Wood, of King's College Hospital London. With a knife, he penetrates the skin below the external ring, dissecting the skin from the fascia; he then passes through this opening a tube, which forces up the fascia into the canal, which he secures in place by a curved needle, armed with a thread; this is tied over a block of wood, thus, by one opening securing the whole. Perfect success resulted in the only case in which it was performed.

Dr. Riggs, of New York, passes a curved canula, carrying an armed needle, up through the canal formed as above, and thus binds together the walls.

Hackenberg's modification is, to pass up a thread by means of a curved needle, and then pulls up a ball of ivory or lead, into the canal or cul de sac, and ties the thread over a quill. There are many other modifications of the same method, which need not be mentioned.

In order to present some points for discussion, the lecturer briefly recapitulated as follows:

1 He would treat congenital hernia by moderate, but long continued pressure.

2. He would reject the medical treatment of strangulated hernia, and resort early to surgical remedies, that is to the taxis, and to the knife in case of failure.

3. There is little difference whether the sac be opened or not.

4. Avoid purgatives after operation.

5. Pressure will seldom cure the reducible hernias of adults.

6. Radical cure by injection is too hazardous, and is now abandoned by its authors.

7. As Gerdy's plan only obliterates the external ring and the lower fourth of the abdominal canal, it is an imperfect cure, and, therefore, objectionable.

8. Wützer's plan, or some modification of it, designed to obliterate the whole canal, has proved successful and its employment is justifiable.

DR. CONDIE remarked, that, if he understood correctly, Dr. Thomas believed the opening of the sac, in the operation for strangulated hernia, was not a matter of any serious importance; the statistics of the operation showing no decided difference in the results between those cases in which the sac

was opened and those in which it was not. Now, in the many operations for strangulated hernia which had been performed upon patients under his care, Dr. C. had never reason to regret the opening of the sac, while, in nearly every instance in which the hernia was returned into the abdomen, with the sac unopened, the result was unfavorable. In two cases death, preceded by severe suffering, took place, and upon examination, it was found that the strangulation of the gut had been the result of an abnormal contraction and thickening of the neck of the sac, and was not relieved by the operation. In another case the condition of the intestine was such that, soon after the performance of the operation—the sac being returned, with its contents, unopened—complete sphacelus of the part that had been protruded took place. The patient's life was saved by the spontaneous occurrence of an artificial anus. Thus rendering her an object of disgust to herself and her friends.

Dr. Condie had seen, in the course of his practice, a very large number of cases of umbilical hernia in children. When the hernia was small in size and early attended to, he never found any difficulty in effecting a permanent cure, by applying over the umbilicus, after the complete reduction of the hernia, some smooth semi-elastic substance covered with muslin, and retained *in situ* by strips of adhesive plaster. When, however, the hernia is of considerable size, and has been of some standing, simple pressure applied and kept up by the best constructed truss or other apparatus, will seldom, if ever, be found capable of effecting a complete and permanent cure. In these cases, he has found the most certain means to be, after complete reduction of the contents of the sac, to wind somewhat tightly around it, commencing at the umbilical opening, a narrow strip of adhesive plaster, or, what is still better, a similar strip of gum-elastic, and carrying it up an inch or two, upon what may be termed the neck of the sac. A tolerably broad, semi-elastic bandage being next applied around the abdomen. This plan of treatment will often, howevr, fail in bringing about a closure of the abnormal umbilical opening, Dr. C. has found it to succeed more often than any other he has seen tried. In case of failure, a suitable truss must be applied and worn permanently by the child. Though the difficulty there is of keeping up sufficient continued pressure by a truss, in cases of umbilical hernia occurring in children, has induced him to depend even in those cases, where a cure cannot be expected, on compresses with adhesive strips.

Dr. Jewell inquired of Dr. Thomas, if called to a case, would he operate at once, without attempting any form of medical treatment?

Dr. Thomas replied, that he would resort to the warm bath, and the taxis; (which latter he considered surgical treatment;) then to anæsthetics; and in case of failure, he would operate as soon as possible.

Dr. Jewell thought anæsthesia, medical treatment. He had employed tartar emetic with the happiest results. Warm baths are admirable. In a case some ten years ago, he found a strangulation that had existed over twenty-four hours. He employed calomel in small doses, applied warm cloths over the parts and it was happily reduced. In another case, of a lady with femoral hernia, it had been strangulated from nine A. M. to ten P. M. The taxis and various remedial means were used without relief. Dr. J. H. B. McClellan was sent for to operate, but after the renewal of the taxis it passed up. The speaker would never fail to employ the ordinary remedies before he resorted to the knife.

Dr. Remington remarked, in reference to one or two practical points, omitted by the learned lecturer. Where warm fomentations repeatedly applied over the strangulated bowel, and perseveringly maintained conjointly with a full opiate impression on the system, they had been productive of the happiest results; he, therefore, could not but dissent from the opinion advanced by the lecturer, who appeared to regard it as a waste of time to attempt to reduce the hernia by taxis.

Dr. R. related the case of a gentleman, sevonty years of age, afflicted with an old irreducible, scrotal hernia, which from over exertion, or some indiscretion in diet, would cause the descent of an additional portion of bowel, and give rise to all the symptoms of strangulation. It so happened that on an occasion of this kind, Dr. R., with others, had been summoned to aid in relieving his sufferings, and after six or eight hours unavailingly consumed in the employment of cold, by means of ice, the evaporation of ether, the taxis, &c., it was proposed to try the effects of warm applications, and flannels wrung out of hot water, were accordingly substituted. A teaspoonful of laudanum, previously administered, contributed largely to relax the system and to relieve the muscular spasm, when the strangulated bowel was readily reduced by the taxis.

Another case occurring soon afterwards in a female, aged about forty-five years, and long subject to an irreducible femoral hernia, came under his care late at night. Dr. R. found her suffering intensely from all the symptoms of strangulated bowel, agonizing pain, constant vomiting, and confined bowels. Having failed to reduce it by the taxis, he administered a teaspoonful of laudanum, leaving directions that if rejected by the stomach, the dose was to be repeated, and to apply hot fomentations, as in the previous case. On visiting his patient early next

morning, Dr. R. found, to his delight, that she had passed the night comfortably, her stomach remaining quiet after the second dose of laudanum, and her system was now under the full impression of the opiate; on examining the tumor and applying a very moderate pressure the hernia was instantly reduced.

From the favorable results of these, and similar cases, attained by means of the taxis and an adequate anodyne, which he regarded as essential to success, Dr. R. would be very unwilling to abandon its employment, even if the most competent and skillful operator were at hand.

Concealed hernia is another form of the disease not noticed by the learned lecturer, and which he would briefly advert to. Dr. R. had been requested to meet in consultation in the case of a lady, aged sixty years, who had been suffering for three or four days from violent colic, and stercoraceous vomiting. On a careful examination of the abdomen, he could not detect any external manifestations of hernia, there was no tumor, or any fixed, circumscribed pain to mark out the place of strangulation; yet here was developed all the symptoms of strangulated or obstructed bowel, viz.: obstinate constipation, stercoraceous vomiting, tympanitis, diffused tenderness on pressure, constant thirst, a clean tongue, an aversion for food, and a full regular pulse. In ordinary health her habit was to defecate once or twice a week, she was very active, industrious, and laborious in the discharge of her domiciliary affairs. The treatment consisted mainly in the employment of calomel and opium, warm baths, antispasmodics, and repeated emetics of various kinds, the insertion of a stomach tube high up the rectum, &c. She succumbed on the fourteenth day of the attack. The autopsy revealed the fact that a portion of the ileum intestine with the mesentery had descended and became strangulated and sphacelated beneath Poupart's ligament, on the right side, at a point in the intestine about twelve inches above the ileo-cœcal valve. The ileum was greatly enlarged in calibre above the hernia, and interspersed with numerous patches of congested vessels.

Dr. H. Hartshorne remarked, that while admitting the entire correctness of the *principle* of treatment laid down by Dr. Thomas, he must hesitate to agree with him in dismissing *all* measures of a non-surgical character as useless. The warm bath is a measure of this kind, and so is the application of ice, after the warm bath, which will sometimes succeed in reducing the gut, very much as we extract a tight stopper from a bottle by heating the neck of the bottle while the stopper remains cold. Dr. H. could not consider it a loss of time, in any case of recently strangulated hernia, to apply the warm bath, followed by the use of ice to the tumor for a short period, before resorting to the operation. If the latter be still unavoidable, the patient is then, by the measures named, brought into a more favorable condition for it than he would be without them.

As regards purgatives, the lecturer is undoubtedly correct in denouncing their employment immediately after the operation, as well as a dependence upon drastic articles before it. But a question still arises whether, when strangulation has but *recently* occurred, and the most formidable symptoms are yet absent, there is not a time when mild cathartics, especially castor oil, may be useful? When distension of the bowels, with flatus, has been a promotive cause of the strangulation, the increase of the peristaltic movement, with at the same time reduction of the bulk and contents of the bowels, which gentle cathartics promote, ought to, and Dr. H. believes does, facilitate the re-introduction of the hernia. But the resort to such medicines should be restricted to the earliest period of the treatment, after which, when they have failed, opium is a much more valuable adjuvant to the operation, both before and after its performance.

Dr. Thomas remarked, that it was common in hospitals to give enemata, but not in a single case had he observed any special benefit to result.

He could not see the advantages of purgation, or the use of calomel. In such small doses, it could only act on the liver, and he could not see how the increased secretion could pass through. It would rather tend to increase the difficulty. It only adds to the sickness of the stomach and thus early vomiting is induced.

Dr. Jewell replied, that the calomel in the case mentioned allayed the sickness of the stomach, and relaxed the bowel.

Dr. W. L. Atlee agreed with the lecturer in having recourse promptly to the operation when it was necessary. He disagreed with him, however, in not persisting sufficiently long in the medical treatment. Strangulation may occur without immediate urgent symptoms, and days may elapse, during which the hernia may be safely treated and become reducible.

Two years ago, October 3d, 1857, an old lady came under his care with strangulated femoral hernia. The taxis failed. There were no urgent symptoms, no distension or tenderness of the abdomen, and no inflammatory symptoms, merely slight sickness of the stomach, accompanied, however, with stercoraceous vomiting. He watched her until the 6th of October, and at every visit attempted the taxis. He did not use very active pressure, but was satisfied with slight exertions. Finally, on the 6th, he was compelled to employ the knife, but was of the opinion that he lost nothing by waiting, although stercoraceous vomiting existed for three days. The operation was a perfect success. Another case was that of a child, aged six years, in whom the taxis was em-

ployed to a considerable extent by the physician in attendance, as well as by Dr. Atlee, but without success. Even chloroform failed to aid in any way. After this, although the symptoms were urgent, Dr. A. suggested that the child be fastened to a board and tilted with the feet against a wall, head downward, at the same time applying ice in a bladder over the tumor. By this method it was reduced in the course of three or four hours. Dr. A. went prepared to operate, and found the hernia reduced and the child well. The cold and position were the agents which rendered the reduction possible. Generally, however, an operation is necessary when the surgeon is called in consultation. Then, if the taxis has been efficiently employed, and has failed, the knife cannot be too promptly used. He differed from the lecturer on the point of cures by means of trusses. He thought these were more frequently performed than was generally supposed, and if they were solely employed by surgeons, and not left in the hands of instrument makers and druggists, as was so frequently the case, he believed success would follow much oftener from their use.

In femoral hernia, it was true, there was great difficulty in retaining the bowel. Of the several trusses presented to the notice of the Society this evening, not one was adapted to femoral hernia. The femoral truss requires a longer neck than the inguinal truss, and the direction of this neck, to which the pad is fixed, should be downward and a little outward, instead of downward and inward, as in the inguinal truss. The only pad adapted to femoral hernia, that he had ever seen, was that of Dr. Chase. When fastened to the femoral spring, and properly adjusted to the hernia, the top of the pad, which retracted from the neck of the instrument, pressed directly upward and inward against the femoral ring, under Poupart's ligament. When in position, the pad acts precisely like the point of the thumb pressed upwards under the ligament into the crural ring.

When living in Lancaster, Dr. A. paid considerable attention to the treatment of hernia, and had frequently cured oblique inguinal hernia by treatment with the truss. He then took these cases under his care as he did any other disease, and the result was very gratifying. Even in femoral hernia, Dr. A. flatters himself that he has accomplished a great deal by means of the truss. He was also of the opinion that he had seen cures of direct inguinal hernia, which assimilates femoral, in the difficulty of its management. One case he remembered well, of old scrotal hernia, in which both rings were approximated. The patient was 60 years old, with a belly so pendulous that all ordinary pads were pushed down over the pubis. He made a wedge of wood for a pad, placed its point just above the pubic bone, so that it sunk in upon the inguinal ring, and cured the patient. Two years after, this patient called upon him, and begged him to give him the old pad as a keepsake and memento. The patient, he believes, is still living and well.

There is a great deal in the mode of application, and form of a truss. It requires a *weak*, yet efficient spring, one whose ends will overlap, and yet so elastic that it can be almost straightened out. The truss spring should always come just below the crest of the ilium, and the pad should never rest on the pubic bone; otherwise every motion of the body displaces it; but in this position it is just at that point where there is no muscular action to throw it off. The pad should be with its lower edge in apposition with the crest of the pubic bone, and must not rest upon it, and there will then be no pressure to produce any injury, unless the spring is too strong. All the pressure requisite, is that which will just follow up the motions of the body.

Of the several trusses now in the market, he considered the French truss, as made by Horn & Ellis, decidedly the best. The neck of the instrument is malleable, so that any induration can be given to the pad. He would, however, prefer the block of Hood & Chase, to the soft pad.

In regard to the opening of the sac, he agreed with Dr. Thomas, the reasons and statistics he has given are amply sufficient to convince every one of the propriety of the operation. Dr. A. is never satisfied to return the gut without seeing its condition. There is not much danger of a fatal result, if the operation is performed early, and before inflammation has set in.

Before taking his seat, he would refer briefly to a few cases of interest. In one case there was a very long incarceration of a femoral hernia. It occurred on Monday, and was treated for colic, by a homœopath, until Thursday, when a surgeon was called in, who employed the taxis, but failed. On Sunday evening Dr. A. was sent for, the lady being supposed to be *in articulo mortis*. On examination, it was believed that death, or an artificial anus must be the result. There could be felt, during the examination, the peculiar crackling from the gas under the tissues, produced by the decomposition of organic matter. The sac and gut were gangrened. He, however, opened both, injected the gut to clear it from feculent matter. For 7 or 8 weeks stercoraceous matter, and a large amount of dead tissue, escaped by this opening. In three weeks the bowels acted, and by the 29th of November, 1849, (the operation having been performed on the 30th of September, 1849,) the opening had been healed by the aid of a compress and the occasional use of nitrate of silver. The patient is now living in perfect health, and without an artificial anus.

In another case of scrotal hernia, the incarceration existed five days; the operation was performed

August 16th, 1845, and six inches of the gut were gangrenous. It was opened, and injected several times; fœces came through the opening for some time; after a while it nearly closed, and all went well, his bowels being regularly and naturally evacuated after the 28th of August. The next fall the patient eat a large quantity of chestnuts, and died from the impaction. No examination was allowed.

In June, 1854, Dr. A. visited a lady, aged 47 years, in Norristown, in consultation with Dr. Corson. She had been confined to bed about two years, with extreme suffering, in the pelvic and lower abdominal regions, requiring large doses of morphine for relief. There were two femoral herniæ, the left one being reducible, the right was irreducible, but not strangulated. This last could be reduced until two years before he saw her, when it could not be replaced; from that moment her severe symptoms commenced. Besides the herniæ, Dr. A. discovered a fibrous mass in the anterior wall of the fundus uteri, and also cervical inflammation. During the succeeding summer, Dr. Corson treated the uterine inflammation. While under his care she had a severe attack of dysentery, followed by dreadful hemorrhage from the bowels; after which, cathartics almost always induced hemorrhage. The uterine inflammation was finally relieved, but the severe agony of the patient was not. Consequently, in November, 1854, Dr. A. operated on the non-strangulated, irreducible femoral hernia of the right side, with the view of relieving the distressing symptoms which had originated at the very moment that the hernia had become fixed in the groin. He cut down and opened the peritoneal cyst, which was quite thin, and exposed a fatty tumor, which was adherent to the whole interior surface of the cyst. These adhesions were destroyed, and the source of the tumor was traced to the crural ring, through which it escaped. This fatty mass was torn open and unravelled, and pressed between the thumb and fingers so as to clearly ascertain that no intestine was enclosed within it. It was then cut off close to the ring and removed. Within it, and corresponding with the ring, was a cyst, large enough to hold a marble. This seemed to have been the receptacle, at times, of a knuckle of intestine, which, becoming imprisoned, would produce the greatest agony. The patient recovered from the operation rapidly, was able to be up and about, and enjoyed much better health than before.

In May, 1855, Dr. A. saw the patient again with Dr. Corson. She had a return of her old symptoms, which were now attributed to the fibrous mass in the anterior wall of the uterus Dr. A. operated upon this tumor, and although some relief followed its disintegration, still it was not so satisfactory in its results as the first operation.

The hernia in the left side was now carefully examined, and it was found to have become irreducible. It was now a fair and legitimate inference, that this hernia was the cause of the accompanying symptoms, as the first one had been of those then existing, and that similar relief would follow the same treatment. Accordingly, in November, 1855, Dr. A. operated on this hernia. It was found to be an exact counterpart of the other. The recovery was also satisfactory, and, he believes, permanent. Dr. A. referred to this case more particularly, as one of great interest. He believed it was unique in its character and in its treatment, and the operation, although justified by the result, may have conflicted somewhat with the established rules of surgery.

Dr. A. referred to another case of oblique inguinal hernia, occurring in an old gentleman 71 years of age, upon whom he operated in October, 1843. The strangulation had existed 30 hours. The stricture was at both rings, and the whole surface of the intestines, six inches of which was in the sac, was coated with a layer of coagulated blood, firmly adherent. This was carefully peeled of, and a spot, whose want of vitality was strongly suspected, was exposed. The bowel was, however, returned. The patient recovered without an artificial anus, and lived until he exceeded 80 years of age.

Owing to the lateness of the hour, Dr. A. would conclude by stating another singular case which he witnessed in the practice of his brother, Dr. J. L. Atlee, of Lancaster. An old lady was operated on for femoral hernia, and recovery was expected. Suddenly she was seized with peritonitis, and died. On making post-mortem examination, a large lumbricoid worm was found in the cavity of the peritoneum, and a round hole, just large enough to permit the passage of the worm, was found in that portion of the bowel which had been incarcerated.

Adjourned.

An Aversion to Water, the *Lancet* says, afflicts the population of Douay. With the use of the bath they are not very familiar. It is said that a physician was called to prescribe for the sick child of a peasant woman, of that locality, and ordered a warm bath. "What is a bath?" said she. "Heat some water in your pot on the fire, and put the child into it." A few minutes later a neighbor entered and found that the woman had put the infant into the pot with the water, and had placed the whole machine on the fire, which she was diligently stirring up. Of course the neighbor resuced the child from the martyrdom with which it was threatened.

EDITORIAL DEPARTMENT.

Periscope.

The Cure of Varicose Veins—(From the *Lancet.*)—A man aged about thirty-five years was recently admitted into University College Hospital, with a varicose condition of the veins of his left leg and thigh, associated with a varicose ulcer. From the latter a good deal of blood had been lost lately, and much inconvenience was felt from the presence of several knots and clusters of tortuous veins extending up the inner side of the thigh. The dilated vessels running up the leg to the middle of the thigh were of considerable size. Two pins were placed beneath the veins above and three below the knee, and the usual sutures applied over a small piece of bougie, on the 19th October; this was done without chloroform being given. The varicosed knots were reserved till a future occasion for injection with the solution of the perchloride of iron. A week later the veins were found to be obliterated, and the effect of this was to diminish the venous knots already referred to. The ulcer had completely healed. Finally, some of the dilated veins were injected with the solution, but not the others, as coagulation had taken place within them. This was followed by some inflammation and an abscess, with a little constitutional disturbance, but the man has gone on well.

We saw some remarkably large varices at the above hospital on the 16th ultimo, situated at the inner side of the left thigh of a man of sixty, who had a varicose ulcer of both legs, in which the veins were in a varicosed condition. Three pins above and three below the knee of each leg were placed in the usual manner under the veins, and complete obliteration has ensued, with a cure of both ulcers. A second case of varicose veins and ulcers of both legs was submitted to the same treatment, in a man whose constitution was broken down; two pins below each knee, and one above the left knee, were introduced. It is important to observe that this patient had been similarly operated upon three years ago, on his left leg, with a cure of the varix at that time; but the present knot of enlarged veins was an entirely fresh batch. There can be no doubt that in the majority of cases the veins operated upon are completely obliterated; but we believe, with Dr. Pirrie of Aberdeen, that a permanent cure of the tendency to varix is not accomplished, and that in many cases, sooner or later, the varix returns in some other veins.

The obliteration of varicose veins we saw also attempted at King's College Hospital, on the 22d October, by Mr. Fergusson, the subject being a young woman, a housemaid, who was much upon her feet, and the veins of whose left leg were enlarged and tortuous. A pin was passed underneath a large vessel at right angles to its trunk, and another was introduced through the vein itself, in the direction of its length, so that some amount of inflammation might be induced; a twisted thread was now passed round the pins, with the effect of producing obliteration by the compression thus established.

Cure of Vesico-Vaginal Fistula by Liquor Ammoniæ.—The *Lancet* says: We are anxious to record an instance of the cure of vesico-vaginal fistula by the application, direct to its edges, of the liquor of ammonia. The case occurred in St. Bartholomew's Hospital, in June last, under Mr. Lloyd's care. The patient, who was twenty-six years of age, had been the subject of a fistula of the kind mentioned since her confinement in August of last year, and was, as is usual, much troubled and inconvenienced by the continual dribbling of her urine. A catheter was kept constantly in the bladder to relieve this condition, and the caustic ammonia was applied to the edges of the fistula, situated rather high up the vagina; and this was repeated a few times, with the effect of causing perfect closure, ss that she was enabled to get up and walk about the ward without the escape of any urine into the vagina. On passing the finger into this passage, a deep indentation could be felt in the situation through which the urine had so long passed. She left the hospital, apparently cured, many weeks back. There can be no doubt, as we heard Mr. Lloyd remark recently, that the parts have been well tested by this time, and that the cure is complete.

On the Influence of Sex on the Diseases of Children.—By Dr. R. Kuttner.—*Medical Times and Gazette, from Journal für Kinderk.*—The materials for this essay are derived from the consideration of 10,000 cases of disease, which have been observed at the Children's Hospital at Dresden. The following are the conclusions Dr. Küttner arrives at.

1. Male infants are far more frequently, and especially during the first year, the subjects of disease of the digestive organs than female infants. It is a well-known fact that they are more difficult to bring up by hand, being much

more liable to have the digestive apparatus disordered by defective or erroneous diet. In a relatively equal mortality of the two sexes, a much absolutely greater number of males die of this class of diseases. 2. So also diseases of the nervous system, particularly brain affections, and especially within the five first years of life, are almost twice as frequent in boys as in girls. 3. Finally, boys are far more disposed to hernia (of 116 cases, 75 occurred in them) than girls, and that with regard to both umbilical and inguinal hernia. 4. On the other hand, girls suffer more than boys from affections of the respiratory organs, especially catarrhal affections; for while the former presented 1128 cases, the latter presented but 988. But the difference becomes especially obvious during the fifth year; as the difference, insignificant (873 girls 843 boys) prior to that age, then mounted up to 255 as compared to 145. Of 498 cases of pertussis, 281 occurred in girls and 217 in boys. Of 17 cases of croup, 9 occurred in boys, and 8 in girls. 5. In organic disease of the heart, a preponderance of females existed, viz., 13 out of 19 cases. 6. In acute blood diseases, as exanthematous and typhus fevers, sex seems to exert no influence; but such influence is remarkable in the chronic blood-diseases and dyscrases, especially in anæmia, and scorbutus-like depravation of the blood. Of 144 cases of this class of disease, only 26 occurred in males, and 118 in females. The difference becomes more marked with the advance of life, for while under 7 years of age, 17 boys and 30 girls belonged to this group, between the years of 8 and 15, there were but 8 boys to 88 girls. Scrofula and tubercle exhibited themselves in the proportion of 305 in girls to 269 in boys. Until the course of the second year, there was a preponderance in the males (86 boys to 69 girls;) but after the fifth year there were, owing to the greater frequency of pulmonary phthisis among them, 121 girls to 72 boys. Rickets were observed in 577 boys and 610 girls, the disease being later developed and more enduring in girls than in boys. Congenital syphilis was observed in 36 boys and 49 girls. 7. Chronic diseases of the skin occurred in 903 of the 10,000 cases of disease; but no marked difference from sex was observed prior to the ninth year, after which period girls were found much oftener subject (88 to 31,) and especially to diseases of the scalp, than boys. 8. Enlarged thyroid gland was met with in 15 male and 35 female children—25 of the latter having passed the ninth year.

Employment of Sambucus Nigra in Dropsy. (*Medical Times and Gazette, from Revue Med.*)—M. Reyssie, a Belgian practitioner, states that he has long employed the juice of the root of the sambucus as an excellent purgative in dropsy. The bark of the fresh root must be detached by scraping, and the juice is extracted from the scrapings by pressure. The dose is a teaspoonful for an ordinary purgative; but as it does not cause colic or any other inconvenience, the quantity may, in the case of dropsy, be increased to a tablespoonful, which will often induce from twenty to thirty stools. It is a curious fact, that the process of boiling as in the preparation of a syrup, converts this purgative into a diuretic, which may also be of great use in dropsy.

The Treatment of Corns on the Sole of the Foot.—Mr. Coote gives in the *Lancet*, his experience in regard to the cause and treatment of a peculiar and painful form of corn, on the sole of the foot. The condition alluded to, is thus described by Mr. Erichsen;—"It is usually of small size and round in shape, the neighboring cuticile being always greatly thickened and hardened. It is exremely sensitive to the touch, the patient shrinking when it is pressed upon, as if an exposed nerve had been injured. On slicing it down with a scalpel, it will be fonnd to be composed of soft, tough and white epidermis, arranged in tufts or small columns, in the centre of which a minute black dot is perceptible. Each tuft appears to be an elongated and thickened papilla, and the black speck is a small point of coagulated blood which has been effused into it. Around the depressions, in which each of these corns is seated, the hardened cuticle forms a kind of wall."

Mr. Coote says, that the cause of these corns, will generally be found to proceed from a tense condition of some of the important tendons, that most frequently affected being the tendo-achillis. When it is so contracted the foot cannot be raised beyond a right angle; and it follows, that the weight of the body, is unduly thrown on the fore part of the sole of the foot, where the corn speedily forms. The contraction of the tendon may be so slight as to need careful examination for its detection, but so long as it exists, the cause of the corn remains, and it will be found that any other measure, less than the division of the tendon will be only palliative. The subcutaneous division of the tendon, its elongation, and the restoration of the foot to its normal bearings,

must be conducted on the usual principles of orthopœdic surgery.

Blood Spots on Bread.—The red stains which exceptionally appear on bread long exposed to a humid atmosphere, were regarded by the superstitious of the middle ages as spots of blood. Their presence on consecrated bread, has more than once given rise to bloody persecution of heretics, to whom it was imputed that they had thus chosen to desecrate and insult the sanctuary. Ehrenberg first scientifically examined these spots at Berlin. The red globules which he saw, he proclaimed to be monads, and he named them in his infusorial system "*monas prodigiosa*." These monads of Ehrenberg, more perfect microscopic investigations have announced to be vegetable cells. M. Schiff, of Berlin, after several failures in attempting to produce these quasi blood-spots, by exposing bread to the humidity of the atmosphere, has succeeded in the air of Paris, during the rainy latter days of August. The patches were developed both on the exterior and interior. He has submitted them to careful microscopic examination. He finds the masses to be composed of round or oval vegetable globules, more or less altered in shape by pressure, of bright red color like blood globules, with a thin colorless or faintly green envelope. They have all the characters of the confervoid growths, and the filamentous developments were complete and well seen.

Thus science solves a spurious miracle, by demonstrating a veritable wonder.—*Lancet.*

Syphilitic Tumors of the Muscles.—(*London Pathological Society.*) *Lancet.*—Mr. Sidney Jones brought forward specimens of syphilitic tumors of the muscles. He considered that these tumors were deposits, depending upon syphilitic inflammation of the muscle. He alluded to a specimen of tumor of the muscle on the dorsum of the scapula, which he had exhibited three years ago. In this case, also, there were isolated deposits in the latissimus dorsi and teres muscles, and those on the venter of the scapula. He had also seen such tumors in the sterno-mastoid and latissimus dorsi, and found that they yielded to the influence of the iodide of potassium. The specimens he showed were from a woman, aged thirty, who had severe and well marked symptoms of syphilis, caries and necrosis of the bones of the skull, periosteal nodes, etc. There was a tumor two or three inches in length in the triceps, and there was also necrosed bone in the neighborhood; but this Mr Sydney Jones did not think to be connected with the deposit. Tumors taken from other parts had no such apparent connection.

Rouget's Utero-Ovarian Muscle.—(*Ibid.*)—Mr. Couper has the credit of being the first to demonstrate it in this country. It was plainly seen to consist of bundles of muscular fibres, forming a fan-shaped muscle between the folds of the broad ligament, and showing that the uterus, the ovary, and the Fallopian tube, are enveloped in a common muscular membrane, and that the contraction of the bundles of the muscular fibres, would draw the ovary and the Fallopian tube together; and by inclosing the venous plexuses near the ovary, would complete the erectile system of the female organs of generation, so beautifully delineated by Dr. Savage, and explain very simply the mechanism of ovulation.

Death following an Operation for the Radical Cure of Hernia.—*Med. Times and Gazette.* The operation was performed by Mr. Ferguson in the following manner: An incision through the skin was made over the spermatic cord, the finger was them introduced and pushed up to the internal ring, carrying before it the subcutaneous structures; a needle armed with a strong thread was then passed up to the ring, guided by the finger, and was made to transfix the internal pillar; one end of the thread was drawn through and left free; the needle was now withdrawn, and the same steps adopted to transfix the external pillar, the needle being brought through the same opening in the skin; the ends were now tied over a box-wood pad, and a bandage applied. The patient died on the sixth day. No distinct account of the symptoms is given, and no autopsy was allowed.

Medical Students in Paris, in 1859.—This year 983 inscriptions have taken place at the Faculty of Medicine, 922 for the doctorate, and 66 for *officier de santé.* Of the 983 inscriptions, 304 are new, being 53 more than in 1858.—*Med. Times and Gazette.*

Height of the Human Species.—M. Silverman has been pursuing certain investigations into the height of males and females, from which he derives a fanciful proof of the equality of the sexes. He arrives at a conclusion that the average height of the human race, has remained unchanged since the Chaldean epoch, four thousand years ago.—*Ibid.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 14, 1860.

The success which now attends the operation for vesico-vaginal fistula, is deservedly attracting the greatest surgical interest. This interest in the operation has naturally excited the ingenuity of numerous surgeons in producing a great variety of contrivances to aid in its performance or insure its success. The subject is becoming so enveloped in these paraphernalia as to so bewilder the novice by their claim to importance in the operation, that he may withall lose sight of the single invention which is alone the great essential in the cure of vesico-vaginal fistula.

Previous to the practical demonstration of the efficiency of the metallic sutures in the operation, by Dr. Sims, an endless variety of devices, similar in form or in the principle of their action to those which are now, according to the peculiar views of operators, being offered, were repeatedly used, and yet the operation was almost invariably unsuccessful. Notwithstanding the exhaustion of ingenuity of surgeons of every enlightened nation, excited by sympathy for the deplorable and loathsome state of the patient, the condition continued until recently to be one of the most unfortunate opprobria of surgery. Mr. Simpson, in admission of this says:—"Till lately, most obstetricians and surgeons despaired of being able to do anything in the way of a radical cure of vesical fistula. My predecessor, Dr. Hamilton, used to speak of such cases as utterly incurable; and Dr. Davis averred that all reported cases of cure were misrepresentations. Vidal, whose book is probably more extensively read on the Continent than any other systematic work on Surgery, says: 'I do not believe that there exists in the science of surgery a well authenticated complete cure of vesico-vaginal fistula, a fistula due to a loss of substance from the bas-fond of the bladder.' I have often seen cases operated on, and in many different ways, and have sometimes tried to operate myself; but till lately I never saw a cure. I have often before seen a large opening reduced to a small size, but the smallest opening left is enough to keep up all the patient's misery. Matters are now, however, entirely and happily changed."

Now as the only real modern variation in the operation has been in the use of the metallic wires in securing co-optation, it is evident that the remarkable change in its result has been accomplished through the agency of such material for the sutures.

However the utility of metallic sutures was at first confounded with such apparent adjuncts as splints, buttons, etc., experience has since proved that the peculiar suture is alone the indispensable requisite to success. The good authority above quoted says:—"The grand revolution that has of late been accomplished in the success of the operation for the cure of fistula, is owing to a change in the material of the suture, or, in other words, owing to the introduction of metallic sutures instead of the sutures of hemp and silk, or other organic materials which were formerly employed to bring and keep the edges of the wound in apposition."

It would be well for the profession, and would save useless expenditure of ingenuity, to know that the surgeon whose success in this operation has been the greatest, and the same to whom the profession is indebted for the illustration of this effective use of the metallic suture, has discarded everything in closing the fistula except the metallic thread secured simply by twisting.

Of the utility of any button or splint in this operation we have never been able to obtain a very clear mechanical comprehension. Why a splint is needed in the closure of a vesico-vaginal fistula more than in the operations for cleft palate, or hare-lip, is not apparent. Dr. Atlee says that "the button is intended to act both as a splint and a cover for the fistulous opening." If a *sufficient number* of sutures be put *deeply* in the edges of the fistula, sufficient support will be obtained, and, if the co-aptation be perfect, no "cover" to the wound will be needed, as no raw surface is exposed.

For the following reason we consider the attachment of the sutures to any form of button, splint, or clamp, unnecessary and really detrimental:

When the interrupted sutures are attached to a device of that kind, the ulceration which is liable to displace a suture too soon for the completion of the union, can take place only in one direction; for as the button cannot sink into the tissues, the ulceration must take place in a direct line between it and the suture. But if such ulceration takes place when the loop of wire is unencumbered by attachment, the ulceration would be almost as likely to take place in one direction as another, or equally all around, and a longer time would be gained before it is entirely freed and ceased to aid in retaining the apposition.

The great success which has attended the operation when performed by a number of surgeons, in the manner now recommended by Dr. Sims, should, by its simplicity, induce its general repetition. We believe that for the retaining suture the simple twisted loop to be all that is needed, and predict the entire abandonment of all the ingenious though useless contrivances which are offered as adventitious to it.

VACCINATION.

The human race has for so long a time been in earnest search after elixirs of life and catholicons, that it would seem as if any discovery that gives almost absolute control over any form of disease, especially if of a loathsome and very fatal kind, would be regarded by mankind as a precious gift of Providence, and that all would avail themselves of its advantages. But the indifference shown by the world—even by the civilized nations of Europe and America—to Jenner's great discovery, lead us seriously to doubt whether any considerable portion of mankind really care very much, after all, for prolonging life beyond its ordinary allotted term, or even to that time.

When vaccination was first introduced, it was so generally submitted to that for a short time the medical profession flattered themselves that small-pox was soon to be eradicated from the world, and that if mankind died, it would at least not be of that loathsome disease. And for a time statistics bore them out in their expectations, for the deaths from small-pox decreased from about 100 in 1,000 deaths from all causes at the latter part of the last century, to *less than twenty* in 1,000 in 1850. And yet we are now told that deaths from small-pox are on the increase, simply because people neglect to be vaccinated and to have their children vaccinated. Even in the cities of Providence, Rhode Island, and Boston, Mass., with their excellent sanitary regulations, this disease enters the bills of mortality as a steadily increasing cause of death.

It is idle to object that vaccination is not in every instance protective. When thoroughly performed, we believe that it is quite as much so as small-pox itself is, against a second attack. And even when the operation is imperfectly performed, the individual exposed to the contagion of small-pox contracts a modified form of that disease, which very seldom indeed proves fatal. Our theory, based on pretty good opportunities for observation, is this—That the vaccine virus very gradually loses its power, as it is more and more remotely removed from its original source, the cow; that where a single insertion of matter was sufficiently powerful to protect the system when the virus was fresh, several are now needed in most instances, according to the susceptibility of the subject; that re-vaccination should therefore be performed frequently, especially when persons are, or are likely to be, exposed to the contagion of small-pox. The rule adopted and recommended by Dr. L. A. Smith, of Newark, N. J., in this journal, some years since, is a good one, viz. *whenever it becomes the duty of a physician to vaccinate an infant in a family, to embrace the opportunity to re-vaccinate every member of it.*

There seems to be little hope that the public will voluntarily yield to the dictates of common sense, and adopt "the first law of nature"—self-preservation—against this loathsome disease. It therefore is the duty of the medical profession, as conservators of the public health, to use their influence in favor of *compulsory legislation* on the subject. Public vaccinators should be appointed, and both they and heads of families should be amenable to the law if there is neglect on either side, of the duty of

having families properly protected by vaccination. A case of small-pox should be a witness against *somebody* for violation of law, and that somebody ought to suffer its penalties.

DRAINAGE AND SEWERAGE.

We would call the attention of our readers, to the subjoined card of Dr. Semmes. The subject on which he has been appointed to report, is one of great consequence to the health of large communities, and it still requires much investigation. With all the progress that sanitary science has made in England, this problem as regards London, has not yet been fully solved, and that immense city is every year fearful of another visitation of the "Plague," on account of the foul odors, that arise from the reeking filth that is poured into the Thames. We trust that Dr. Semmes' card will be responded to.

"At the meeting of the American Medical Association, held at Louisville, Ky., May, 1859, the undersigned was appointed, chairman of the committee, on the "*Influence of Sewerage and Drainage of large cities, on public health.*"

Any facts, suggestions, documents, reports, or other matter having relation to this important subject, will be most thankfully received and duly acknowledged.

As the residence of the undersigned will be permanently fixed at New Orleans, on and after the 1st of February, 1860, all communications for him, must be, after that date addressed to him at that city.

A. J. SEMMES, M.D.,
Chairman of Committee."

News and Miscellany.

An Institute for Orthopœdic and Gymnastic Exercises has been established at the corner of Ninth and Arch Streets, under the direction of Messrs. Hildebrand and Lewis.

The object of the institution is the development of physical strength, improvement of the form, and general health by systematic exercises adapted to both sexes, of every age and varied conditions of health. Of the utility of properly regulated exercise in adding to the general vigor of the system, increasing strength and correcting deformity, nothing need be said to the medical profession further than to remind them of the existence in this city of an establishment possessing all the best facilities and modern improvements in apparatus for gymnastic exercises of a general and orthopœdic character.

The conditions essential to human health may be briefly stated to be:—the breathing of pure air; a sufficiency of proper nourishment; cleanliness; sufficiency of exercise for all the various organs; proper temperature; amusements; and freedom from harassing cares. These various conditions are attainable in almost all conditions and employments of life, if the individual is disposed to avail himself of them. The ordinary routine incident to most pursuits is apt to be thought sufficient exercise for the body, and, in its special way, it may be enough, or very probably, of certain organs, too much. But as the above essential conditions of health require an exercise of *all the organs*,—that each of the four hundred muscles should be brought into action by proper exercise,—it is probable that the condition of *proper exercise* is the one which is most neglected.

The institute has a number of large saloons for the different sexes and classes of different ages, in which every variety of gymnastic and calisthenic exercises are taught. The proprietors have had much experience in such teaching, and the patronage of the establishment is of the most respectable character.

An English General Practioner.—The *Druggists' Circular* says, that on a cottage window near Plymstock, is the following. "I Parish Clorck Seargeant Smith, tacheth yong Garls and Buoys to rade and rite, daleth in mole candals, shugar plums, risk lites comes, mole trops, Mouse trops, spring-guns, and all other such motters—teeth distracted, blid drawn, blisters, Pills, mixtures maid, also noils and hosses shoed, hepsome salts and corns cut, and all othir such things on rasonable Tarmes.

N. B.—And also my Messus. goes out, has mon mhid wife in the chapest way posuble."

The Black Doctor.—M. Vries, the famous Parisian quack, whose popularity, for a time, exceeded that of any other modern impostor, has finished his career in disgrace. It will be recollected that his notoriety was much increased by the credulity of the great French surgeon Velpeau, who allowed him to try his

specifics in the hospital wards. These of course proved to be entire failures, but he had by that time made himself generally known, and when finally expelled from the wards, he publicly stated that it was because of his great success, and thus raised a popular sympathy in his favor. After a popularity in which he was almost worshipped by the masses, the negro is now in prison on charge of manslaughter, and his magnificent furniture and equipage are in the hands of his creditors.

Laennec inoculated himself with tuberculous matter, and Alibert and Biett inoculated themselves with cancerous matter, and all three concluded, from the absence of any local results, that these morbid products were not inoculable. It is a curious fact, nevertheless, that Laennec should have died of phthisical, and Alibert and Biett of carcinomatous affections. —*Med. Times and Gazette.*

The Cheltenham (Eng.) Board of Guardians are at loggerheads with Mr. Walters, one of their medical officers. He charged the "amputation fee" for cutting off a portion of a man's thumb, and the board contend that this is not an "amputation." It was determined that the clerk shall write to the Poor Law Board to ask whether the amputation of the first phalanx of the thumb was such an amputation as is contemplated by the Act of Parliament, the Board considering the same to be only a removal of a portion of the thumb.."

Query.—Is the amputation of a leg anything more than the removal of a portion of the body? It strikes us that the difficulty lies in want of definiteness in the Act of Parliament. Under the circumstances, we adjudge Mr. Walter his fee.

Poisoned Confectionery.—A number of cases of poisoning of children, from eating confectionery colored with poisonous materials, have recently occured in this city.

In procuring some colors, as bright green, yellow and blue, preparations of arsenic, copper or lead, are generally used by the confectioner. The worst cases have occurred from eating that which was colored green.

A criminal prosecution of the makers of poisonous ornamental confectionery, would be the proper means of preventing its continuance.

Extirpation of Bronchoule.—Dr. E. S. Cooper, of San Francisco, recently removed a bronchocele, which from its growth threatened suffocation. After having reflected the flaps of integument covering the tumor, he attempted to encircle it with the chain of the écraseur. This was found to be impossible, from its strong connection with the trachea, not allowing it to be drawn out sufficiently for the grasp of the chain. After having ligated the carotid on one side, the extirpation was finally accomplished with the knife. The patient died in five hours after the operation.

The *Dental Cosmos* says, that among the rules recently recommended for adoption, before admission into the English army medical service, is one requiring an attendance upon a course of instruction in dentistry.

The Clinical Class present at Dr. Gross' lecture, at the Philadelphia Hospital, on last Saturday, numbered two hundred and thirty-five.

A Small Baby.—A living child weighing two pounds and nine ounces, the *New Orleans Hospital Gazette* says, was lately born at full term, at an infirmary in that city.

Homœopathy.—In an old volume, published two centuries ago, it is asserted that: "A halter wherewith any one has been hanged, if tied about the head, will cure the headache."

At the general meeting of the North German Apothecaries' Society (held at Halle, Sept. 5th and 6th, 1859,)

Prof. Cramer made some interesting remarks on the therapeutical value of *sarsaparilla.* He said that the opinions of physicians differ very materially on this subject; for while some deny to this drug any medicinal value whatever, it is held in great repnte by others. The solution of this question depends on accurate physiological observation and identity of the roots employed. It is as yet not settled whether its action depends on the amylum or the bitter extractive. Nor do the different pharmacopœias concide in the prescription of the root. Prof. C. has made experiments on his own person with sarsaparilla, of which he took from five to twenty grains in the evening without experiencing any action. A difference in the quality (i. e. specific gravity) and quantity of the urine, however, has been noticed from the long-continued use of *Decoctum Sarsaparillæ.*—*Druggists' Circular*

Terrible Destruction of Human Life—On the 10th inst., at about 5 o'clock P. M., the Pemberton Mill at Lawrence, Mass., fell with a tremendous crash. Over 900 operatives were employed in the mill, but many were absent at the time, having gone to supper. There were, however, over 600 in the building when it fell, of whom about 115 are dead or missing, and about 165 are wounded, many of whom will die.

From the accounts published, it would seem that the building was insecure, the walls not being sufficiently firm for the size of the building and the weight of the machinery and human beings it was intended to hold.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. R. H. Lee, (with encl.,) Dr. O. B. Bowen—*Connecticut*, Dr. C. C. Foote—*Delaware*, Dr. T. C. Rogers, (with encl.)—*Georgia*, Dr. J. E. Hawkins—*Iowa*, Dr. Ira Bates, (with encl.)—*Indiana*, Dr. H. K. Spencer, (with encl.)—*Kenutucky*, Dr. J. S. Sparks, (with encl.,) Dr. Thos. W. Foster, Dr. R. A. Gibney, Dr. John D. Jackson, (with encl.)—*Maryland*, Mr. J. B. H. Jefferson, Dr. W. S. Forwood—*Massachusetts*, Dr. J. F. W. Lane—*New Jersey*, Dr. W. Pierson, Dr. J. S. Schanck, (with encl.,) Dr. Thos. Johnson, (with encl.)—*New York*, Balliere Bro's., Dr. C. F. J. Lehlback—*Ohio*, Dr. P. R Everett, (with encl.)—*Pennsylvania*, Dr. Wm. Anderson, (with encl.,) Dr. P. M. Schweinhard, (with encl.,) Dr. J. K. Berkebile, (with encl.,) Dr. James McMullen, (with encl ,) Dr. F. McGrath, (with encl.,) Dr. E. H Pentz—*Rhode Island*, Dr. E. M. Snow—*Virginia*, Dr. R. C. Everett, (with encl.)

Office Payments.—Dr. J. H. Keeler, Dr. S. A. Welch, Dr. H. Winterbottom, Dr. Charles Walker, Dr. W. J. Bullock, Dr. H. E. Brinton.

Back and Missing Numbers sent to Drs. S. A. Welch, J. K. Berkebile, Fischer, Kerr, and Peutz. *Penna.;* Dr. T. S. Means, *S. C.;* Dr. Ira Bates, *Iowa;* Dr. C. C. Foote, *Conn.;* Drs. J. B. Vanderveer and Thos. Johnson, *N. J.;* Dr. O. B. Bowen, *Ala.*

MARRIAGES.

BURLINGHAME—HOLBROOK—In Sturbridge, Mass., Jan. 4, by Rev. S. G. Clapp, H. D. Burlinghame, M. D., of N. Y., to Lucy M., daughter of the late Gen. Erasmus Holbrook, of the former place.

STANGER—CAMPEALL—Nov. 24th, in Camden, N. J., by Rev. C. K. Fleming, Dr. J. Z. Stanger, of Glassboro', and Louisa D. Campeall, of Mt. Pleasant, N. J.

WATSON—WILSON—On the 24th ult., by Rev. Charles Wadsworth, of this city, Dr. Andrew J. Watson to Miss Maggie C. Wilson, both of Chester Co., Pa.

DEATHS.

BROWNE—In this city, on the 7th inst., Peter A. Browne, Esq., in the 78th year of his age.

Mr. Browne was a lawyer by profession, and a man of marked abilities. He had, also, a scientific turn of mind, and for some years past devoted much attention to promoting among agriculturists a greater attention to the growth of wool. This led him to study the microscopic characteristics of different varieties of wool, and he finally turned his attention to those of the hair of different races of men, until he came to be regarded as an authority on the subject, and is often quoted as such.

DEQUINCEY—The Scottish newspapers announce the death of Thos. DeQuincey, in the city of Edinburgh, on the 8th inst., at the age of 73 years. He was one of the ablest essayists of the present age, and was generally known as the author of "Confessions of an English Opium-eater." He was deeply addicted to the use of opium, and gave to the world, many years ago, a series of sketches in which are detailed the peculiar imaginings of a person under the influence of that pernicious and peculiar drug. He was a native of Manchester, England, but had lived for a number of years in Edinburgh, where he enjoyed the company and gifted conversation of eminent men in that literary city. In person he was small, and had a feeble, withered appearance; but his mind was powerful and his intellect keen, and it is remarkable that, although his health was delicate, and he had swallowed immense quantities of opium, he yet lived beyond the common age of men. His works have all been republished in America.—*Scientific American.*

MONTGOMERY—Dr. W. F. Montgomery, one of the most eminent physicians in Ireland, died in Dublin on the 21st of December. He was a Professor of Midwifery, and the author of a work on the Signs and Symptoms of Pregnancy, as well as other minor works on Midwifery. The death of such a man as Dr. Montgomery is a serious loss to the profession.

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Fig. 1.

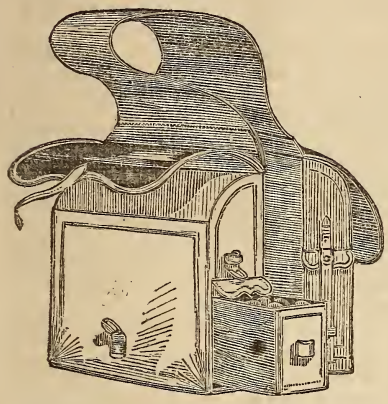

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

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"	20	"	9.50
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The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

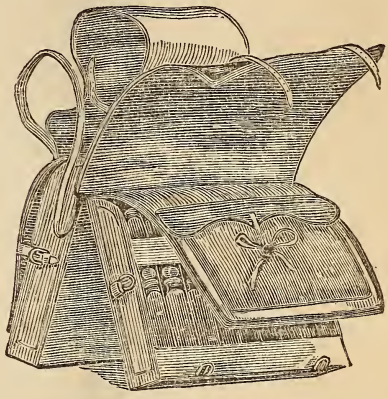

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

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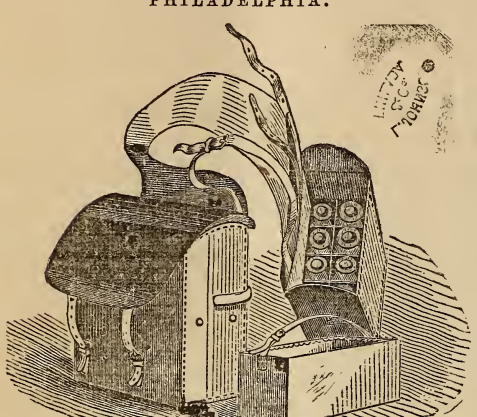

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" "	14	½ oz.	"	"		
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" "	1	Mortar,	"	"		$16 50
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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 170. PHILADELPHIA, JANUARY 21, 1860. NEW SERIES VOL. III. NO. 17

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 21.

EXTRA-ORBITAL REGION.—(*continued.*)—Between the muscular stratum and the cartilage there exists another layer of cellular tissue, which connects the two together. The structure of the tarsal cartilages consists of fasciculated fibrous tissue, with a few cartilage cells lodged among its fibres. The fibres are arranged parallel with the long or transverse axis of the lids.

Eye lashes.—At the edge of each palpebra, two or three rows of long, stiff hairs are situated, (the cilia.) Those of the upper lid are curved upward, those of the lower lid downward, so that when the palpebra are closed, these hairs do not interlock. Hairs are sometimes seen growing from the mucous surface of the lids. They are very white and transparent, and demand close inspection to detect them. Communicating with the hair follicles are subaceous glands. The posterior margins of the eye lids, when closed together, do not quite touch, leaving a small fissure or trench between them, said to favor the passage of the tears toward the lachrymal canals.

Meibomian glands.—When the lids are everted, numerous parallel lines may be seen, resembling strings of pearl beads, on their inner surface; these are the meibomian glands. Their direction is from above downward, from twenty-five to forty in number, and embedded in grooves hollowed out in the cartilage. Their orifices all open on the ocular margins of the cartilages. In structure, they consist of tubes with numerous small communicating cœcal diverticulæ or pouches, and may be regarded as simple racemose glands. They are lined with a flattened epithelium, and in their interior spheroidal cells are constantly being produced, which contain the proximate constituents of fat, and which by the time they reach the excretory duct, the cell walls give way, the oleaginous particles cohere and become of a pasty consistence. In most respects, therefore, they resemble the sebaceous follicles.

The lids are lined by a mucous membrane, called the palpebral conjunctiva, which extends from the attached to their free margins. Its surface is studded with small eminences (*the papillæ*), which are elevations of the mucous membrane, having the same histological elements, namely, an epithelial layer, supported on a structureless or basement layer, (at least so regarded by some,) and beneath which exists a capillary loop of vessels and nerves, supported by connective tissue. The submucous connective tissue is abundant, and contains in addition to its white fibrous constituent passages, elastic fibres in great abundance. The blood vessels are from the ophthalmic, and arranged in the form of a complex net work. The nerves of sensation are from the 5th pair; and those of motion from the 7th, which pass to the lids over the zygoma. The superior lid is possessed of a proper elevator muscle, "the *levator palpebræ superioris*," the origin of which is within the orbit from the upper part of the optic foramen, and connected broadly with the

superior margin of the cartilage. This muscle receives its nerves of motion from the third pair of cranial nerves.

The line at which the eye lids meet in front of the eye, is termed the *equator oculi*, and is considerably below the middle of the cornea, in consequence of the extent of the descent of the upper to join the lower lid. The junction of the palpebræ at the outer and inner parts of the orbit, are the *canthi*. A small triangular space at the inner canthus, is the *lacus lachrymalis*, in which a prominence is located, the *caruncula lachrymalis*, and in the rear of which the conjunctiva forms a fold, strengthened by a plate of cartilage, which is strongly marked in some of the inferior animals—as the bullock—and which answers to the third lid or *nictatating* membrane of birds.

Practical Observations.—The palpebræ are not present in all animals. In fish they are absent, as might be expected, the necessity for their presence being done away by the medium in which the eyes are bathed. The same is true of many reptiles, the skin being thrown into a fold around the orbit, may be considered as the rudiments of lids. In serpents the integument is continued over the cornea as a thin epidermic layer, so that when the skin of the animal is shed, that from the surface of the eye is found connected with it. In some lizards the corneal layer is supplied with a sphincter muscle, the orifice in which is opposite the centre of the cornea; it might be regarded as an external iris. The necessity for such a mechanical protection in reptiles doomed to go upon their belly and in the dust of the earth, is apparent. In crocodiles and the chelonia, tolerably perfect palpebræ exist, but no eye lashes. Birds possess three lids, the inner, called the nictatating lid, and which is possessed of a very wonderful and ingenious muscular apparatus, by means of which it is brushed over the eyeball. The cilia, however, are not often present. The capacity on the part of the eagle to gaze undazzled into the sunlight, is due to this third lid, which is drawn over the organ as a transparent veil. In birds the lower eye lids are more moveable than the upper, just the reverse with that of man, and they are furnished also with a muscle, the depressor palpebræ, which arises at the bottom of the orbital cavity.

In man the palpebræ, from their involuntary movements, as in winking, wipe the surface of the eyes, spread over them the lachrymal secretion, and remove the minute particles of dust which may come in contact with them. This office is one of no ordinary importance, as may be learned in observing a case of facial paralysis, the orbiculares palpebrarum receive their motor endowments from the facial nerve, and when paralyzed the eyelid remains open and the eye soon becomes inflamed from the foreign matters which collect upon it. In such a case the eye lids should be closed together and so maintained. Some persons have the movements of winking to an extreme degree, a kind of chorea, and is in a great measure irremediable. Might not a section of the palpebral twigs of the facial nerve supplying the orbicular muscle be productive of benefit?

The palpebræ according to the extent of their separation regulate the amount of light which falls upon the cornea. The prominence of the eyes, so notable in some persons, results very much from the ability of the palpebræ to uncover a large part of the ocular globe. The lids also serve to defend the eyes against blows. The powerful contraction of these by the orbicular muscles forms a very efficient defence, in as much as the eye brows and cheeks can be made almost to touch each other.

Under certain emotional states, as in crying and laughing, the palpebræ are closed, and in the former firmly pressed against the eye. This is natures method of supporting the delicate vessels of the conjunctiva. As these emotions are expressed by short expirations, the capacity of the chest is diminished and the great venous trunks which enter it, being compressed, the vessels are unable to unload themselves, and become filled with blood If the eye lids of a crying child be forcibly separated, (the example cited by Sir Chas. Bell) the conjunctival vessels will be seen to become greatly distended.

The sick sometimes sleep with the eye lids partially open. It indicates disturbance of the nervous system, producing a diminution in the sensibility of the 5th pair, so that the motor nerves are not excited to action; or from loss of tone in the facial nerve, or from irritation of the 3rd pair, producing inordinate contraction of the elevator of the superior lids. It is a very common condition in indisposed children, where the nerve centres generally kindle up on every occasion of functional disturbance. When the palpebræ are closed voluntarily, the equator oculi is higher up than when closed involuntary, and this fact has been taken advantage of in determining feigned from real sleep.

The loose connexion of the skin to the muscular layer will account for the considerable swelling which attends inflammation of the eye lid; also that which follows a blow, and the consecutive discoloration. The vessels having little support are easily lacerated, and the blood percolates extensively the connective tissue. The habit of pugilists scarifying the lids answers no doubt, a very good purpose, by allowing the extravasated blood to escape.

Such a structure would render it obviously improper to apply over it leeches, as a black eye would certainly follow. The arrangement of the muscular layer, will require incisions to be made tranverse, or in the line of the wrinkles visible on the cutaneous surface. The vessels sometimes bleed freely, and if it is desirable to avoid a ligature, the hemorrhage can be controlled, as well as prevent extravasation by observing the relation of the lid to the orbit, against which it can be pressed and so maintained by a compress and bandage. The follicles lodged in the subcutaneous tissue, are the seat of most of the tumors observed on the lids, and must be entirely removed to prevent a recurrence. Those which communicate with the cilia, may become inflamed and suppurate, forming the *hordeolum* or stye. These follicles are seated in the submuscular connective tissue, and the surrounding inflammatory swelling is more circumscribed, as more resistance is exercised by the tissue. Derangement of these glands is often troublesome, from the frequent renewal of the tumors. The reason is that the abcess does not destroy the follicle, only it is discharged by ulceration, the sack still remains, and is refilled by the products resulting from the unsubdued inflammation. In adults their removal proves most efficacious, and it should be recollected that the incisions must go beneath the muscular layer, as they are so situated. The practice sometimes adopted of forcibly tearing away a few of the cilia, is bad, and the accessory follicle is rarely removed thereby. The thickening along the cutaneous margin of the palpebræ, which is often observed, especially in young subjects about the age of puberty, is from the lymph effused about these follicles, and the brownish red discoloration from the venous congestion. The eye-lashes by deviation in direction or change in the surrounding structures, become a source of irritation from contact with the eye. It is one of the bad effects of entropion. The wild hairs, commonly so called, are fine transparent ones, springing from the mucous layer of the lid, and requiring a careful examination for their detection. These of course should be removed, as no proper alteration in the shape of the lid, can separate them from the surface of the eye.

Typhus Fever.

By J. R. McClurg, M. D.,
Of Philadelphia.

During the autumn and winter of 1850, and the spring of 1851, one of the most cultivated and healthy districts of the southern part of Chester County Pa., was visited by an epidemic disease—typhus fever, but it was by neighboring physicians denominated typhoid; and this discrepancy of opinion still existing to a greater or less extent in every country, it may not be unnecessary once more to insist upon the non-identity of typhoid and typhus fever. In a general external examination of these diseases, they may, to a certain extent, resemble one another, but upon close inspection the most decided difference is observable in their origin, symptoms, duration, pathology and treatment. Typhoid fever, in my practice, has presented itself most essentially as a secondary disease,

if I may use the expression,—a sequent of a non-contagious character, never occurring in wide spread epidemics like typhus; "pre-eminently a disease of childhood and adolescence;" never attacking the system when in a healthy condition, but following the invasion of some other disease, such as the exanthemata, bilious fever, bilious remittent fever, pneumonia, pleurisy, dysentery, or after some severe external injury, and embraces among its most prominent symptoms, gastric derangement, diarrhœa, or loose, granular, yellow discharges from the bowels, soreness of the iliac fossæ, tenderness and tympanitic state of the abdomen, high fever, frequent and violent delirium, dry and red tongue, and rose colored rash, if any at all be present. In fact all the symptoms of typhoid fever are essentially those of follicular enteritis, or the enteric fever of this country and the dothinenteritis of Bretonneau, the very existence of which depends upon the pathological condition of the intestinal canal.

Typhus fever is eminently a contagious disease, occurring at irregular intervals in wide-spread epidemics, and then attacks alike the poor and rich, young or old, whether in the isolated cabin, spacious mansion, or healthy country village, quite independent of temperature or season of the year, and always manifests itself by a peculiar prostration of the general nervous system from the invasion of the attack, but seldom, if ever, reveals any pathological condition of the system at all peculiar to the disease. And certainly in no disease is the physician so liable to be entirely disappointed in his pathological researches as in post-mortem inspections of those who died from typhus fever. But a few most important questions present themselves in this connection, which I will attempt to answer, and if not satisfactory to the whole medical profession, it will at least be the impression made upon my mind during the above epidemic. Is typhus a contagious disease, and if so, what is its productive or specific cause, and in what way does this specific cause enter the system, and upon what tissue or organ is the first impression made?

Upon these questions I have thought and thought again for hours to find a solution, but still there is a murky mist around the subject, and the light is so faint that I cannot read the answer entirely satisfactory. That typhus is a contagious disease, certainly no one will attempt to deny, and we will prove it to be so hereafter. The specific cause of typhus I believe to be a *putrid effluvia or a personal miasma*, generated by the human body, and emitted by it during the different stages of the disease, and even by the dead body, so that those who follow the funeral train are liable to the disease. This personal miasma is a poisonous, gaseous effluvium of a peculiar, sickly, indescribably nauseous odor, and its effect upon the system is poisonous and powerfully sedative. This we know to be the case, from the fact that very often the visitor, upon entering the sick room of typhus patients, is immediately conscious of, or recognizes a peculiar, nauseous odor, and with almost the rapidity of light, becomes sick and faint, and feels a singular dreamy sensation pass over the whole frame, leaving a consciousness in the mind that the disease has been contracted. And I would here remark, that I have never yet heard of a single case of a person being thus affected with nausea and faintness from typhus miasmata, but that an immediate attack of the disease succeeded.

I will not pretend to say that typhus is and can only be produced by exposure to this personal miasma, for putrid emanations and matters have been, by way of experiment, injected into the veins of animals, and in almost every case the animals became ill with all the symptoms of typhus, and it would be so, doubtless, in the human subject. But what I do say is, that typhus in its epidemic visitation is propagated entirely by a putrid or personal miasmata emitted by the body of the typhus patient. The manner in which this miasma enters the system, and the tissue or organ upon which the first impression is made, is certainly an interesting subject for inquiry and for the creation of diverse opinions. But if there be one part of this subject upon which I feel more confident than any other, it is that the first impression

of the effluvium upon the system, is made, it may be, partly through the sense of smell, *but principally and perhaps entirely* by inspiration, by which the miasma is brought into direct contact with the bronchial and vesicular lining, and as the optic nerve immediately recognizes and the iris is affected by the light, so the sympathetic nervous system immediately takes cognizance of the poisonous virus, and the whole system responds to the impression. But it may be said that the sense of olfaction does not reside in the olfactory or first pair of encephalic nerves, but in the medulla oblongata, where this nerve probably has its origin, and that the olfactory nerve is but the road by which odorant impressions travel, and that consequently the impression made by the miasma is upon the brain, and the system is subsequently affected.

This I do not believe to be the case, but on the contrary, that the special senses, smell, vision, hearing, etc., reside in their respective nerves, which are presided over by the brain, the seat of the mind and the regulator of voluntary motion, and that we have another great independent nervous system, the sympathetic, presided over by its central brain, the solar plexus, and that it is upon this centre of sympathies and regulator of the circulation of the blood and the organs of involuntary motion, that the first dominant impression is made by the miasmata. How often have we heard the same story from those laboring under typhus fever and small pox, that before they took the disease they called to see a sick friend, and soon after entering the sick room they recognized a peculiar nauseous odor, which with almost the rapidity of thought, struck in the epigastric region, when they became sick and faint, perhaps even to vomiting, and never felt well afterwards. Over and over again have I received this history from those to whom I have been called to prescribe, labouring under typhus fever. Now, in what organ or part, was this singular sensation located, of which the patient complained in the epigastric region? Not in the lungs, nor heart, nor stomach, nor liver, but down deep beyond the reach of pressure, in the solar plexus. The miasmata passed by inspiration into the lungs, the branches sent off from the pneumogastric nerve and received into the solar plexus, recognized the poison and conveyed the intelligence to this nervous centre, which became depressed, and the whole system soon languished from a want of the vital power. And when we examine a case of typhus, what prominent symptoms present themselves? Not the gastro-intestinal symptoms of typhoid, surely, nor the symptoms of any particular organic or cerebral disease, but languor, lassitude, despondency, restlessness, quick fluttering pulse, irregular breathing, oppression in the epigastric region, sighing, stupor, subsultus, quiet delirium, enfeebled innervation or powerlessness, morbid wakefulness or dull unconsciousness, all indicative of a prostrated condition of that great central, energizing and regulating nervous system, the sympathetic. In short, I believe typhus to be a disease of the sympathetic nervous system, and the vitiated condition of the blood present in this disease, and other organic derangements, results entirely from suspended innervation, and that the liability of persons to contract this disease, depends very much upon the impressibility of this nervous system—some being prostrated from the very invasion of the disease, while in others there is a general sinking of the vital power.

On the 13th of September, 1850, a young colored man called at my office and requested me to visit his wife, distant about three miles, who had been sick for more than a week. I called at his house, which, I found situated on the top of a hill and entirely surrounded by standing corn. I found my patient completely prostrated, and that dull, unconciousness and powerlessness of typhus fever most prominent in her case. The pulse soon became 142 per minute, the breathing slow and irregular, and the vital power so depressed that she could not see nor hear,. At this stage of the disease, I discontinued all medicines, began the use of brandy, and in fifteen hours she became quite conscious and able to recognize those around, and under its continued use, recovered entirely. Several of the friends took the disease from her, all of whom recovered.

This was the first of sixty-seven cases of typhus, which came under my care during the succeeding five months, out of which I lost but five cases. I will not take up time, by following those who took the disease from this case, but will call attention to another section of my practice, where the disease appeared to have, so far as I was able to trace, a separate and independent origin, which became the nucleus, from which, radiated very many cases.

On the 9th November, 1850, I was called upon to visit a most estimable quaker family, and found a younger daughter, of perhaps fourteen years, sick with typhus fever, who subsequently became completely prostrated, but recovered after a sickness of three weeks.

On the 13th, four days after the above case, a lady of about thirty-five years, residing in this family, took the disease and recovered in about four weeks, after a most serious and critical attack. On the 24th, the wife and mother took the disease, and after sinking to the very brink of the grave, recovered. On the 30th, the elder daughter, aged seventeen, was taken by the disease, and recovered after many days sickness. On January 3d, 1851, the elder son, a lad of about eleven years, was confined to bed with the same disease, and recovered after a sickness of over four weeks. The husband and father now took the disease, the attack being slight, was not confined to bed. In this family, thus we find six cases of typhus, and on account of the number sick at the same time quite a change of nurses was required, of wham, five took the disease, and subsequently carried it among their friends. One of these, truly an excellent woman, being from her own family a few days, and assisting as a nurse in this family, took the disease and went home and died five days afterwards. I saw her on the 2d of January, two days after her return home, and found her sitting in the parlor by the stove, complaining of being chilly all the time, and exceedingly weak and prostrated. Her eyes were red and filled with tears, the tongue slightly coated and moist, oppression deep in the epigastric region, heavy sighing, breathing irregular, *pulse only* 40 *per minute,* subsultus and unable to walk steady without assistance. I put her to bed, but notwithstanding all our exertions, with hot bath, mustard plasters, hot brandy externally, and internally, she died on the 7th, without the least appearance of organic disease. The poison had struck the fountain of life, and the stream became dried up. Another lady, a nurse in the above family, had been in attendance three or four days, when she experienced a peculiar nauseous odor, which she said "flew to her stomach," and she became sick and faint, and was the next day confined to bed with the disease, and recovered after a sickness of five weeks. A brother-in-law of the first family mentioned, visited his sister when very ill, experienced while in her room a sickening sensation, went home, a distance of three miles, took the disease, and died. He was sick some weeks, and many persons, male and female, took the disease from him, and they in turn gave it to others. His little child after his death, when laboring under the disease, was taken some two or three miles to a relative where it recovered. Shortly after, on the 10th of February, I was called upon to visit this (a quaker) family, and found that the mother, aged fifty-six, and a married daughter had both contracted typhus fever from this.

Scarlatina.

By B. WOODWARD, M. D.,
Of Galesburg, Illinois.

At the present time when this disease is prevalent all over the land, it may not be malapropos to state through the REPORTER a plan of treatment which has proved eminently successful in my hands the present season. As soon as I am called to a case, I gently evacuate the bowels with castor oil, if this has not been done previously. I then give to a child two years old, two grains of quinine and three grains Dover's powder every three hours, and still further promote diaphoresis by copious draughts of warm catnip tea. This I continue till the severity of the disease abates. I also give Norwood's tincture of veratrum viridi in doses of one to four drops, according to the age of the child, every four hours, till

the pulse is brought down to 80 or 85, *and keep it there.* Attention is also paid to the throat, but I find that if I can produce *free perspiration* and *keep* the pulse *well down*, the throat symptoms do not become very troublesome. In cases where there is sloughing of the fauces I apply quinine very freely to the ulcerated surface; this I do by dissolving one drachm of quinine in f℥j of water, with sulph. acid gtt. xx., and apply with a large camel's hair brush.

Druggists' Mistakes, their Cause, and the only Means of Prevention

By J. T. Calhoun, M. D.,
Of Rahway, N J.

"It too often happens that valuable lives are sacrificed by the ignorance, or carelessness of apothecaries in compounding medical prescriptions, and the same occasionally results from an inexcusable haste in writing recipes. These evils may be prevented in the future, in this state, by requiring all apothecaries, under penalty, to affix to each receptacle, in a distinct style, the English, as well as the officinal name of the medicine it contains, and by obliging physicians to write their prescriptions in full, instead of using the abbreviations and characters now in use."

The above extract is from the recent annual message of the Governor of New Jersey to the Legislature, and emanating, as it does, not only from the chief executive of the state, but also from a physician in extensive practice, it will no doubt receive the careful consideration of our legislators. That the Governor meant well in making such a recommendation to the legislature there cannot be a doubt, but I, for one, cannot but think that were his recommendation carried out, it would but increase the mistakes which he deplores. *The real cause of all mistakes in compounding prescriptions is the ignorance of the druggist*

I grant that a physician may sometimes make a mistake in writing a prescription. An educated druggist would see the mistake and refuse to put up the medicine, and no harm would be done. Would the addition of the common names to the label prevent *such* a mistake? would it prevent *any* mistake? No, it would enhance the liability to mistake. The druggists are infested with that spirit of the age, the love of money, they can obtain the services of boys of 16 and 17 years of age for almost nothing, and to them they too frequently entrust the compounding of prescriptions, although such boys are as unfit for such work as they are to command an army; that is how mistakes occur. It is through the cupidity of the druggist, who employs boys to do the business which should be entrusted to persons well skilled in pharmacy. Put the common names upon the bottles, and a fresh inducement is offered to employ such clerks, and mistakes will correspondingly increase.

It is a problem which the Governor does not attempt to solve, as to how the English names would prevent a mistake. It would certainly have a queer look to see a jar labelled "Extract of Stink Weed" instead of "Ext. Stramon.," or instead of "Pulv. Aloes et Canell," to see the word "Pikery," or for "Tinct. Assafetid." to read "Tincture of Devil's Dung." Yet if the Governor's ideas are embodied in a law, such will be the result, nor can I understand how the abbreviations now used in prescription writing are more liable to be written incorrectly, than if all written out in full. Physicians are notoriously bad writers, but it will be difficult to remedy this evil by law. But suppose a prescription is badly written; unless a druggist can *clearly* and *unmistakeably* make out every word and character, he has no business to put it up, and should be held legally responsible, should a mistake occur by reason of his so doing. Yet nine out of ten boys have just temerity enough to *guess* at what is intended, and to compound the medicine upon the basis of a guess. I am convinced that the only way to prevent mistakes is to make it a penal offence for any person to compound a medical prescription who has not been five years at the business, or is a graduate of a College of Pharmacy or Medical College.

I might illustrate my position by numerous cases, for I doubt not that such occur under the eye of every physician, but it is unnecessary. The facts are patent to every

one, and deploring, as all physicians must, the evil, I am sorry to see the Governor make such a poor diagnosis, and shoot so wide of the mark in suggesting a remedy. It is fashionable, I know, to blame physicians as well as railroad companies, for any accident which may occur in which they are in any way connected, and these views of Gov. Newell are but a reflection of popular sentiment. They are wrong, and it is full time that physicians came out boldly and placed the responsibility of all mistakes in compounding prescriptions upon the shoulders of the druggist, where they belong.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JANUARY 11TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Tuberculous Phthisis —After some general remarks upon this disease, its mode of development, and the use of cod-liver oil and stimulants in its treatment, the substance of which we have given in a previous number of the REPORTER, Dr. Gerhard introduced several cases to the notice of the class.

Case 1st.—A seaman, born in the north of Ireland. Can speak only in a whisper. When this intonation of the voice is permanent, we must ascribe it to destruction of the vocal chords. The complexion of the patient is exactly that of phthisis—pale and sallow—not that color which we find in chlorosis and disease of the heart. The extremities of the fingers appear swollen: this is not really a swelling, but an emaciation of the fingers, which is not perceptible at the tips.

The expectoration of this patient is a muco-purulent matter, in which you see there is a disposition of the sputa to run together: from this you may infer that the disease has lasted for some time. In the early stage the sputa are regularly nummular. The tongue is smooth; this is a condition coinciding with disease of the alimentary canal. He has gastric pain, but his bowels are costive, and I presume, therefore, that he has no ulceration of the colon or small intestine. His liver is moderately enlarged, which is due, I have no doubt, to fatty degeneration. It is in phthisis occurring in women that the liver is most frequently affected.

In phthisis, you know that we are accustomed to examine the lungs; but recollect that the lungs are not the only part of the body affected in this disease. They are the organ in which it is earliest developed, and in which it passes most readily through its stages, but it is just as properly *phthisis* when occurring in the bowels or the meninges of the brain.

This patient has a cavity at the upper portion of the left lung; the right lung is not so decidedly affected. There is, of course, but one prognosis. He is using cod-liver oil; I do not usually continue it in such cases. He has been taking quinine and iron; the latter it is hardly worth while to give when there is a prospect of a rapid termination of the disease. He has, also, infusion of quassia, and milk punch.

Case 2d.—This patient has very much improved since his admission, eight weeks ago. Phthisis existed on both sides; it had not greatly advanced; there was a little softening. He expectorates now merely a whitish mucus, coming from the surface of cavities which have become inactive, or indolent, as the French use that term. He has no irritation about the throat, which is a favorable sign in phthisis. Cod-liver oil has produced in him a very good effect. He has taken, besides, Huxham's tincture of bark—an admirable old remedy—porter, and paragoric and squills, to allay his cough. The physical signs indicate some improvement, and the condition of the lungs shows that he is in as fair a way of recovery as it is possible for him to be. He should take exercise in the open air.

Case 3d.—Acute Phthisis—Post Mortem Specimens.—This patient was before the class on the 4th inst., evidently in the very last stage of acute phthisis. He had been laboring under the disease only two months, and had now night sweats, intense fever, severe cough, abundant expectoration, and diarrhœa.

The pulse was feeble; respirations 36 in the minute. The physical signs indicated extensive tuberculous disease—almost universal dullness and mucous rales, accompanied with crackling.

This terrible form of phthisis, Dr. G. remarked, it was totally beyond our power to arrest. All that we could do was to give some cooling diaphoretic drink. This variety of phthisis sometimes killed without the formation of a single cavity. It was most common in persons between the age of 15 and 20 years.

The patient was already insensible, and died on the next day but one following. The condition of the lungs, as to day exhibited to the class, was precisely such as was stated by Dr. G in the ante-mortem examination. There was an abundant deposi-

tion of tubercles throughout the left lung, and at the summit, a small cavity. The right lung was tuberculous above, and at the lower portion emphysematous.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

From the meeting of December 28th, 1859, we give the following case:

Cancer of the Liver, Tubercle, and probably Cancer in the Lungs.—Dr. Sands, on behalf of a candidate, presented a specimen obtained from a man 29 years of age, who had been quite well and in his usual good health until about a year ago, when he was taken with what he called distress after eating, and pain in the region of the heart. This continued until about eight months ago, when he was attacked with severe pain over the liver. On examination, unevenness and enlargement of this organ was found. Cancer of the liver was diagnosed. His condition became gradually worse; the dyspeptic symptoms, accompanied with nausea and vomiting, etc., were aggravated, so that he had to be sustained by nourishing enemata; finally, hæmatemesis set in, and he died a short time since.

Autopsy.—Rigor mortis well marked; abdomen somewhat tympanitic. The pulmonary pleura was studded with little tumors. Upon the left lung old adhesions and the cicatrix of an old cavity were found. There were also found little calcareous masses, of a cheesy character. The microscopical examination showed cells containing one or two nuclei, and from 1-1200 to 1-1500 inch in diameter; qesides these, granules, looking like those of tubercle, were present.

The liver was found nodulated, enlarged, and, on microscopical examination, presented clearly the characteristics of cancer. On attempting to lift the stomach, it ruptured near the pylorus, near which there was a large cancerous deposit. On examining the stomach further, an ulceration was found in it, which had caused it to be ruptured. The cancerous mass, liver, part of stomach and pylorus, weighed eight and a half pounds.

This case is interesting in regard to the question whether the cancerous tubercular deposit in the lungs was of recent date, or whether it had existed previously to the development of cancer in the liver.

Dr. Clark remarked that the occurrence of cancer in one part of the body, and of tubercle in another, although they were formerly thought to be incompatible, had frequently been shown to co-exist in cases presented before this Society. In one specimen, shown by him a few years ago, cancer and tubercle were even found to exist in the same lung. From the description of the cells found in the lung here presented, it must be presumed that they are either epithelial or cancerous, and it seemed to him that the probabilities were that the two deposits were combined in this case.

The ulceration in the stomach looked to him much like the ulceration from interrupted circulation. He would ask Dr. Sands if the post-mortem examination revealed any obstruction of the vessels.

Dr. Sands stated that he did not think there was, although the examination was not made particularly in that direction.

Meeting of January 11th, 1860.

Syphilitic Slough—Destruction of the Femoral Artery and Vein.—Dr. Finnell presented the femoral artery and vein taken from a young man, 24 years of age, who died in St. Vincent's Hospital, from syphilitic disease. He entered on the evening of November 24th. He had then been suffering for three months, and was gradually growing worse. At the time he entered he was in a very feeble condition; he had night sweats, cough, and was rapidly wasting away; was unable to retain any food on his stomach, and was suffering from great pain and distress generally. He had, in the groin, a large syphilitic ulcer, four inches in width and six inches in length. He had, also, a syphilitic ulcer on the ring finger, involving the second joint. In addition to this, he had phymosis and concealed chancre. He was placed under the most invigorating diet and stimulating treatment, by which we endeavored to build him up. After a few weeks his general condition was somewhat improved; the ulcers, however, were spreading constantly. About the 20th of December it was noticed that he had several slight gushes of blood from the ulcer in the groin; the hæmorrhage was readily arrested by the application of a little lint. On the next day there was a very free gushing of blood, which required pressure on the artery, when it was discovered that there was a slough directly over the femoral artery itself. A ligature was placed around the vessel on the proximate side. Notwithstanding this, the patient gradually sunk, and died a week afterwards.

After death the femoral artery and vein were removed. They were both almost totally destroyed at the point of the ulcer, nothing but a small mass of the sheath remaining. About a week before he died he had, for three days in succession, very severe chills. They were the most violent that I have ever seen, being more severe than those occurring in intermittent fever.

Dr. Clark inquired why there was no bleeding from the vein.

Dr. Finnell—That I cannot answer; but it is also curious why there was not more bleeding from the artery. The upper part of the artery was found to be filled with coagula.

Dr. Clark suggested that the chills might have been connected with pyæmia, the pus having its origin in the diseased vein.

Dr. Finnell thought that this was the case; the suppurative discharge from the ulcerating surfaces was immense.

Extensive Valvular Disease of the Heart.—Dr. Conant presented a specimen of the heart, in which there was extensive morbid deposit on the tricuspid and mitral valves. The semi-lunar valves of the aorta, together with those of the pulmonary artery have undergone such a degree of degeneration as almost to destroy their functions.

The patient from whom the specimen was removed was thirty-five years of age, and had her second husband at the time of her death. Eleven years ago she had an attack of acute rheumatism. Her cardiac suffering dated from that time; she had at first no pain, but only an uncomfortable feeling about the heart. She suffered from very cold extremities. Three years ago her house was set on fire, while she was in bed, and she was severely burned; she recovered however from these injuries. From this time her cardiac symptoms became aggravated. Her heart had never been examined by a physician. Her husband, who had however examined it, stated that he could hear a distinct blowing sound, going forward and backward, without any distinct intermission. Some two weeks since the patient was taken with symptoms of pleuritis, and signs of effusion on the left side. Shortly afterwards she died.

Autopsy.—In the abdominal cavity we found about a quart and a pint of serum. The liver was enlarged, in the latter stage of cirrhosis, presenting almost a well-marked specimen of hob-nail liver. The kidneys were also enlarged. On opening the *thorax* we find the fluid in the left thoracic cavity so great, that as soon as the incision was made it commenced to overflow. It must have contained some four or five quarts of serum. The right pleural cavity contained about three pints of serum. There were also some shreds of organized plasma on the pleura, indicating considerable inflammation. The upper lobe of the left lung was found to be in a state of pneumonitis and exceedingly hard. The right lung was tolerably healthy. On opening the pericardium, two ounces of fluid were found in it; the heart was considerably enlarged, but more from its cavities being distended with blood, than from actual hypertrophy. The tricuspid valves on the right side have grown together, so as to form a simple ring, with an opening of about five eighths of an inch in diameter. The mitral valves on the left side have also grown together, so much so, that there is only a small slit remaining between the two valves. The semi-lunar valves of the aorta have undergone the same process, leaving only a small opening between them. The pulmonary valves appear unusually thin.

The husband told Dr. C. that the patient had been examined by many physicians who were unable to find any pulse at the wrist. There was a continual pulsation in the jugular vein, especially if she became excited, when the surface would become livid.

The auricle upon the right side is exceedingly large, from a great development of the muscular fibre. On the left side there is the same condition of things.

Dr. Clark supposed that the pulsation in the jugular veins was owing to an increase of the fibres in the right auricle, rather than to regurgitation through the opening of the tricuspid valves.

Dr. Conant thought that such was the case. When he first examined the heart on the post mortem, he found the ventricles almost perfectly closed, so as to prevent almost entirely any regurgitation.

Dr. Clark—That amount of disease of the different valvular structures is quite extraordinary. The mitral valve is often enough diseased, but to see the tricuspid together with the semi-lunar valves also diseased, is rather unusual.

Dr. Dalton showed a cent of the new coinage, that had been swallowed by a child and passed from the bowels three days afterwards. The child had suffered no inconvenience from it.

Several members related similar cases.

Lesions of Pernicious Intermittent Fever.—Dr. Harris presented the spleen and a section of the liver, taken from a patient who died in the Floating Hospital on the 16th of October, from what was supposed to be pernicious intermittent fever.

The patient had come in a barque from Savannah, but no precise history of his case could be obtained. He was the mate of the vessel and had always been very healthy, with the exception of a severe attack of bilious fever which he had several years before, while in business in the Southern trade. When admitted into the hospital, he was unable to give a distinct account of himself. It could merely be ascertained that he had vomited a great deal, and had been taking some medicine. Of course we undertook to introduce quinine in every possible way. The patient however continued to vomit a bloody material, resembling very much the

black vomit in its general appearance, but without presenting the granulated appearance of the latter. We were, therefore, obliged to administer the quinine by injections. We soon found, however, that the quinine was not absorbed, as it produced no effect whatever. The hearing remained good, and the senses perfect; but he continued to be cold, and the vomiting continued every half hour or so He vomited what appeared to be nearly pure blood, blackened by its passage through the stomach, and he evacuated some blood from the bowels. On the evening of the 18th, thirty-six hours after his admission into the hospital, he died.

The autopsy was made the next day. What remains of the spleen is seen here. Although it has been kept for some time, it presents nearly the same color as when first removed, nor is it any more disorganised. It is extremely softened, very diffluent. The liver is congested and presents a darker hue than natural, [which latter may, however, be the remnant of the bronze liver of the severe attack of bilious remittent fever several years ago.—REPOTER.]

Another patient received at the same hour, coming also from Savannah, and treated in the same manner, recovered, though he appeared to be in the same condition as this patient. When admitted he was as cold and more insensible. The quinine was, however, speedily absorbed, and produced its legitimate effects very satisfactorily. The amount given was very large; some 2,400 grains in about five days.

Enormous Hypertrophy of the Heart.—DR. COCK presented a heart removed from a patient who had died in the New York Hospital, who was supposed to be convalescent from pneumonia. On more closely examining him, he was found to present in addition to the râles posteriorly, a friction sound over the cardiac region. The right and left hypochondrium as well as the whole precordial region were distended; liver enlarged.

The autopsy revealed considerable pericarditis, the heart being covered with plastic material, and the pericardium containing about two quarts of serous fluid. The heart itself weighed sixty ounces.

Aneurism of the external iliac Ligature.—Dr. James R. Wood next presented a specimen, for a candidate for admission, with the following history:

Ann D., aged 26, married, housekeeper, apparently of a good constitution, but intemperate in her habits, was admitted into Bellevue Hospital, on the 13th of December, under the care of *Dr. James R. Wood.* The patient has given birth to one child, which died of phthisis, and had two miscarriages, the last of which occurred about three years since. No hereditary tendency to disease traceable; no syphilictic taint. About the 8th of November, she noticed a small swelling in the left groin, to which she paid but little attention at first; but about ten days afterward, her foot and leg began to swell, so much so, that it interfered with her daily occupation, at the date of her admission, her general health was good. She appeared to be of a nervous temperament and had none of the rational signs of phthisis or cardiac disease. Her left leg and foot were in an œdematous condition.

A pulsating tumor about the size of a small orange, was felt in the upper portion of Scarpa's space, immediately below Poupart's ligament, and extending upward and beneath it. An equable pulsation was felt on every part of its surface, synchrorous with the pulse. Pressure on the cardiac side caused a diminution in size, and a cessation of the pulsation, while pressure on the distal side caused an increase in size. A thrill was communicated to the fingers on placing them over the tumor. A "bruit de soufflet," synchronous with the systole of the heart was distinctly audible in every part of it.—*Diagnosis:* Aneurism of the femoral, envolving the external iliac artery.—*Treatment:* Ligature of the external iliac artery.

On the 17th of December, at 2 P. M., the patient having had her intestines previously evacuated, by an enema, and being under the influence of ether, *Dr. Wood* proceeded to perform the operation, in the presence of several eminent surgeons, of this City, and a large class of students, there being more than six hundred present.

The thigh being extended, an incision was made through the integument and fascia, commencing an inch above the external abdominal ring, and carried in a semicircular direction nearly parallel with Poupart's ligament, with its convexity pointing downward, and terminating an inch and a half above and within the superior spinous process of the ilium.

The abdominal layers were next divided, the transversalis fascia reached, and the finger passed into the internal abdominal ring. The fascia was them detached from the peritonæum. The separation began at the internal opening, where it was least adherent, and with the finger for a director, the remainder was divided. The peritonæum was then pushed aside and held out of the way by Dr. Sayre. This brought the vessel into full view. The sheath was then opened with the nail of the index finger, and the aneurismal needle passed from within, and between the artery and vein. Very little hæmorrhage occurred during the operation, and only four small vessels were tied. The wound, which was as deep as the Doctor's index finger, was then brought together, the edges secured by means of four interrupted sutures; adhesive straps were then applied, the whole secured by a compress and a single spica bandage.

The patient was then placed in bed. Lint, thickly enveloped in cotton, together with hot bottles, were placed around the limb on either side, and the foot elevated, after which half a grain of morphia was administered.

7 o'clock, P. M. Pulse regular, but weak; patient complains of slight pain in the left iliac region; slight nausea. Ordered one grain of opium, and an ounce of brandy, to be given every two hours, with a sufficient quantity of beef tea.

December 18th, 10 A. M. She has passed a quiet night; pulse 120; skin hot; respiration thoracic—tympanitis, with tenderness over the abdomen; nausea, and retains the stimulant with difficulty, *Ordered*, aqua calcis and milk, to allay the nausea; stimulus to be continued; two drops of tincture of aconite root, and spir. minder., to be given every two hours.

Dec. 19th, 10 A. M. Pulse 120, and irregular; fever; rejects everything from her stomach; complains of pain in the left iliac region; tympanitis and thoracic respiration more marked. Dressings removed; inner half of the wound had united by first intention; a small livid spot, as if there had been ecchymosis, was observed on the superior and internal borders of the wound. The tumor is much reduced in size, and no pulsation perceptible. The temperature of the limb elevated. Ordered an enema, containing two ounces of brandy and five grains of opium, to be given every hour. Her urine, which had been examined by Dr. Grimké, was of 1015. spec. grav.; reaction acid, and contained hyaline and granular casts, together with renal epithelium.

Dec. 20th, 4 A. M. Pulse 140, and thready; nausea continues; pain increasing. Enemas to be continued.

11 o'clock, A. M. Visit of Dr. Wood; wound dressed; patient feels better.

2 P. M. Pulse 162; patient sinking rapidly.

7½ P. M. Died.

Autopsy, 16 hours after death:

Cadaveric rigidity, slight; nutrition of the body good.

Head.—Brain not examined.

Thorax.—Heart: Walls thin; valves normal. Left lung: A few old adhesions of the upper lobes; a deposit of a few latent tubercles at the apex.

Abdomen—Edges of the wound in a sloughy condition; peritoneum inflamed, and covered with a sero-purulent fluid; no adhesions. Peritonitis more marked over the bladder and uterus. On carefully separating the peritonæum from the fascia transversalis, it was found to be intact. Liver fatty. Kidneys fatty, and left one congested.

The *external iliac* had been tied two inches below the bifurcation of the primitive iliac, and an inch and a half above the aneurism, which is much reduced in size. A small clot had been formed on the cardiac side of the ligature; the blood had also coagulated in the sac. The epigastric and circumflex ilii arteries are given off from the iliac immediately above the aneurism; the femoral vein crosses over it, the saphena enters the vein at the middle of the sac; on its outer side is the external circumflex artery, and at its distal are the profunda, and the continuation of the femoral artery, both being apparently involved in the aneurism.

The crural plexus of nerves pass beneath the aneurism.

EDITORIAL DEPARTMENT.

Periscope.

The Antiseptic Properties of Iodine.—French Academy of Sciences, (from the *Amer. Med. Monthly.*—The true antiseptic is that which prevents the appearance of putridity, destroys it when already existing, and prevents its reappearance. Such an antiseptic is iodine. Dr. Marchal employs it in the form of solution, in an aqueous solution of an iodide. The aqueous solution appears to be more efficacious than the alcoholic, since there is produced with the use of the latter, a constriction of the tissues, which only admit of slight penetration of the liquid charged with the antiseptic. The alcohol also coagulates albumen, which would likewise retard the absorption.

The iodide solution can be injected into sinous portions of sanious and fœtid ulcers, which cannot be done with a pulverulent or semi-solid substance. It is only necessary to moisten the dressing from time to time, without the necessity of uncovering the ulcer several times a day—an advantage which will be properly appreciated by surgeons. In hospitals, the iodine escaping from the apparatus, saturated with its solution, will serve to purify the air of the wards. Dr. M. thinks there is no condition so favorable for the sick and wounded, under ordinary circumstances, or in times of epidemics—especially those of a typhoid or typhus character—as a continuance in an atmosphere suitably iodized. The miasm arising from crowded quarters, more fatal to armies than fire or sword, most probably has its antidote in iodine.

Alcohol in the Blood.—Dr. James C. L. Carson, of Coleraine, Ireland, writes to the *Medical Times and Gazette* as follows:

I see a communication in your last number,

in reference to the entrance of alcohol into the blood. There is nothing new in this fact. When I was at College, in Dublin, in the winter of 1833, a drunken man had a scuffle with the watchman in one of the streets near the Mercer's Hospital. The man fell in the scuffle, and died during the night. Of course it was necessary to have a post-mortem examination to ascertain whether the man died from drunkenness, or from injury at the hands of the watchman. I was permitted to see the dissection of the brain, which was taken to the Anatomical Theatre of the Digges street school. There was a small quantity of fluid in the ventricles. It smelled very strongly of whiskey, and when a lighted candle was applied to it it burned away with a blue flame.

Copper in Whooping Cough has been tried in *one* case by Voltolina; the result was so very favorable, that the further use of the preparations of this metal is strongly advocated by the *Medicin. Zeit. Berlin.* Dr. V. prescribed a tincture of the acetate of copper. This is probably the first mention of copper as a remedy in whooping cough. The remark has, however, already been made, that opera tives in copper seem peculiarly exempt from diseases in which coughing is a prominent symptom.

Sex determined by the movements of the Fœtal Heart.—Dr. Frankenhäuser asserts (in the Monatsschrift für Geburts-K) that whilst paying attention to the comparative frequency of the beats of the fœtal heart, before and during labor, he noticed that the heart beat with less rapidity in the male fœtus than in the female. The pulse in the former is on the average 124, in the latter 144. Upon these data the author has almost invariably predicted the sex.

If the assertion is true, the correct explanation of the fact will be very difficult: it is known that as a general rule the pulse of girls is more rapid than that of boys of the same age,

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A Case of Sloughing of the Fœtal Scalp as a result of a tedious labor, under the care of a midwife, in which the head had been impacted in the pelvis for about forty-eight hours, was related by Dr. Priestly, before the Obstetrical Society of London. On the third day after delivery, the back of the head was much inflamed; later the scalp assumed a darker color; and on the eighth day a slough separated, and the child gradually sank.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 21, 1860.

LOCAL SUPPORT.

An important element of permanent success in any publication, is *local support.* One reason of the evanescent character of medical periodicals in this country, is, that very many of them originate in small cities, where they cannot have a large circulation to build upon, and a large "provincial" subscription list, is a thing of very slow growth. Consequently, before a journal is established on a paying basis, its projectors finding its annual bill of deficiences too much of a drain upon their resources, are compelled to discontinue it. It is large cities only, that can give to a professional publication any hope of permanent success. They both furnish materials for its pages, and the pecuniary income derived from a large local subscription list is needed to ensure a hearty support from abroad.

We have, on several occasions, adverted to the fact that the circulation of the REPORTER, in Philadelphia, was large. It has steadily increased from the commencement, and within a few weeks has taken a sudden impulse until it now reaches to nearly or quite *five hundred* within the city limits, and is still rapidly growing. We mention this fact with much satisfaction, and with feelings of gratitude to the profession of this city, and take it as an evidence, that our judgement in regard to the wants of the medical practioner was correct, and that the REPORTER is, in some degree, at least, meeting those wants.

DIDN'T KNOW HOW.

The attempt to get up a stampede of southern students from New York was a signal failure, and for very good reasons. The affair was very badly managed; it wanted engineering. Had Dr. Gaillard Thomas and Dr. Aylett got their heads together, formed their plans, and prepared the minds of the southern students beforehand, and then called a meeting of *southern* students alone, carefully excluding

northern students, editors of medical journals, and reporters of newspapers, so as to avoid discussion, and had things all their own way, we have no doubt they would have succeeded in getting up as respectful an exodus as the paucity of their numbers, compared with those in this city, would allow. Wise men were at the head of the arrangement in this city, and they were lucky enough to succeed tolerably well for the nonce—but they are played out now.

News and Miscellany.

Mortality Statistics of Providence, R. I., for 1859.—Providence is one of the healthiest cities of the Union, and through the energy of her city Registrar, Dr. Edwin M. Snow, her mortality reports are among the most accurate published in this country. The reports of deaths are complete, which can be said of very few cities. Still born infants are not included in the tables of deaths. From what we can gather from our extended correspondence, the health of Providence is a pretty good indication of the general health of the country the past year.

During the year 1859 there were 899 deaths in this city. This number is 118 less than in 1858, and less than in any year, except one, since 1846. In proportion to the number living, among different classes of the population, the deaths in 1859 were very nearly as follows.

White American population, one in 67.

Colored American population, one in 27.

Foreign population, one in 51.

We estimate the whole population of the city at 52,000; the mortality in 1859 was therefore one in 57.8 of the population living, or 17.3 deaths to each 1,000 living. Those acquainted with the subject will at once perceive that these figures indicate a remarkably healthy condition of the city, during the year. The proportion of deaths to population is less than that of any other city of equal size in this country. Of the whole number, 899 deaths, 466 were males and 433 females; 847 were whites, and 52 colored; 479 were of American, and 420 of foreign parentage; 369 on the east and 478 on the west side of the river, and 52 in public institutions. Of the 479 persons of American parentage who died, only 28.6 per cent. were under 5 years of age; of the 420 of foreign parentage, 48.3 per cent. were under 5 years, and of the whole number, American and foreign, 37.8 per cent. were under 5 years. These proportions are much less than in any previous year since registration was commenced in the city. Of the whole number who died, from known causes, 26.5 per cent. were from zymotic diseases, which proportion is much less than usual.

The summer of 1859 was remarkably healthy. There were only 75 deaths during the whole year from the four diseases, cholera infantum, cholera morbus, diarrhœa and dysentery, or 8.6 per cent. of all from known causes.

The number of deaths from these four diseases, during each of the last six years, has been as follows:

1854.	1855.	1856.	1857.	1858.	1859.
211	142	126	119	90	75

This is *exclusive* of Asiatic Cholera in 1854.

Among the causes of death in 1859, *consumption*, as usual, takes the lead, destroying from three to four persons every week in the city. The number of deaths from this disease is quite uniform from year to year; consequently the proportion to the whole number is very large when the whole number is small, as during the past year.

The number of deaths, in 1859, from *scarlatina*, was 27 less than in 1858. This mysterious disease has been one of the most prominent causes of deaths in this city for several years past.

Diphtheria was the cause of 17 deaths in the city in 1859, thirteen of which were during the last three months of the year. The disease commenced in October, under circumstances which seemed to indicate a severe epidemic; but in a few days it became more mild, and though it still continues to some extent, it has not added largely to the mortality of the city.

Smallpox appears among the causes of death in 1859, for the first time since the spring of 1856. At the beginning of the past year, the disease was brought to the city from New York, and not being recognized at first, a large number of persons were exposed to the contagion. Again in March, nearly a dozen cases of smallpox and varioloid appeared simultaneously in one neighborhood among the foreign population, and many persons were exposed. The principal point of interest in relation to this outbreak of the disease is, that notwithstanding the large number of persons

who were exposed, the efforts to obtain a general vaccination were so successful, that the disease was brought to an end, and banished from the city about the first of June, having caused the death of only four persons, one of whom was a non-resident. There were no cases of the disease in the city from the first of June until October. The disease was again brought to the city about the tenth of October, from Boston. From that time until the end of the year, there were about 20 cases of the disease in different parts of the city, 18 of which were varioloid, and only 2 small pox, and one of these was a non-resident.

Of the five persons who died of small-pox, during the year, two were non-residents, so that notwithstanding the disease was present during eight months of the year, and a large number of persons were exposed to it, *it proved fatal to only three residents of the city*, and these were all under four years of age.

The following table shows the whole number of deaths in the city, in each month of each of the last five years, with the annual average for each month.

Deaths.	1859.	1858.	1857.	1856.	1855.	Average
January,	92	96	75	97	60	84
February,	65	90	60	95	83	78
March,	56	93	79	118	70	83
1st quarter,	213	279	214	308	213	245
April,	66	118	49	88	70	78
May,	74	84	75	79	80	78
June,	65	76	49	77	58	65
2d quarter,	205	278	173	244	208	222
1st 6 months,	418	557	387	552	421	467
July,	82	75	82	80	110	86
August,	96	96	101	121	131	109
September,	92	86	103	95	98	95
3d quarter,	270	257	286	296	339	290
October,	69	60	91	76	71	73
November,	66	68	91	83	86	77
December,	74	75	70	68	74	72
	211	203	252	217	231	223
Whole year,	899	1017	925	1065	991	980

This gives 980 as the annual average number of deaths in the city, or 81 more than during the year 1859. The average population of the city during the past five years is 49,839, which would give one death to 51 persons living, as the average for five years.

Dr. Wood recently presented to each member of the medical class of the University of Pennsylvania, a copy of the volume lately published, of his Addresses on Medical Subjects, with an autograph inscription in each. The volume will be to the alumni of the University, an interesting memorial of the learning and eloquence of Dr. Wood, and the gift will be appreciated by the present class, who will be the last to be benefited by his instruction.

It is thus dedicated:

"To the Medical Graduates of the University of Pennsylvania, from the spring of 1836 to that of 1860, inclusive, before whom were delivered, and in whose behalf were prepared, most of the following discourses, this volume is inscribed, as a memorial of the many agreeable, and, may I not say, profitable hours they and I have spent together, and of the affectionate interest with which I continue, and, so long as life may last, shall ever continue, to regard them. GEO. B. WOOD."

Change of Name.—The *Virginia Medical Journal* is to be changed to the *Maryland and Virginia Medical Journal.* With the lengthening of the title the editorial corps is to be increased to *thirteen*—a Senior Editor, an Assistant Editor, eleven co-Editors, and a corps of Collaborators. If there is any merit in a multitude of counsel, the Maryland and Virginia Journal will have it; but it is apt to be the case, that when the responsibility is so divided, the interest and stimulus to exertion by each of the numerous editors is apt to be too small to be much inducement to labor.

The *Virginia Journal* has always maintained a position as one of the best medical periodicals in this country, and we could not wish it better, than that it shall, through all changes, continue its honorable career.

The North American Medico-Chirurgical Review.—With the January issue of the *Review* the name of Dr. S. W. Gross, Lecturer on Surgical Anatomy and Operative Surgery, appears. Dr. Gross has been for some time doing editorial duty, and his announcement on the title page is a proper acknowledgment of his position.

Mr. S. T. Trowbridge, of Decatur, Ill., has invented a physician's cane. It consists of a hollow tube, closed at its bottom and having a semi-tube attached to the knob or handle, and fitted within the cane, and allowed to move freely in and out of it, and forming a receptacle for vials containing medicines. The invention is designed to supercede, to some degree, at least, the use of the saddle bags.

Physiological Demonstrations.—Dr. Austin Flint asserts in the last number of his journal that Dr. Dalton and himself are the only teachers of physiology in this country "who attempt to illustrate it by vivisections and demonstrations." We are aware that a number of other teachers of physiology, as Drs. J. J. Woodward and S. W. Mitchell of this city, have been in the habit of thus illustrating their courses.

A New Journal is to be published at Kansas City, Missouri, with the title of the *Kansas City Medical and Surgical Review*, and under the editorship of Drs. Maughs and Case.

German Hospital.—There is an energetic effort now being made to establish a German hospital in this city. A meeting of delegates from various societies was held last week, and contributions to the amount of near $2,000 were promised.

That the Germans in our city have the energy and wealth to establish a hospital there can be no doubt, but, for various reasons, we cannot foresee the ultimate success of the present movement.

In Wurtemburg, according to a recent decree of the government, homœopaths dare not dispense their medicines. The licensed druggist, and only he, prepares and compounds the imponderables of Hahnemann.

The government of Bavaria has prohibited the wrapping of tobacco and snuff in lead or tinned lead foil, on account of the danger of metallic poisoning to those who continually use these articles.

Erratum.—On p. 359 of our last number, line 34 from top, in Dr. Remington's remarks on Hernia, for *emetics* read *enemas*.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Illinois*, Dr. B. Woodward, Dr. R. L. Sullivan, (with encl.)—*Maryland*, Dr. L. R. Kirk—*New Jersey*, Dr. J. T. Colhoun, Dr. H P. Ely, (with encl.,) Dr. J. D. Dewitt, (with encl.,) Dr. E. H. Larison, (with encl.)—*New York*, Dr. C. F. J. Lehlbach—*North Carolina*, Dr. John W. May—*Pennsylvania*, Dr. J. O. Shindle, (with encl.,) Dr. D. H. Hough, Dr. Reuben Hunter, (with encl.,) Dr. R. V. Wilson, (with encl.,) Dr. Wm. M. Heron, (with encl.,) Dr. John D. Weaver, Dr. P. S. Seisenring, Dr. O. D. Palmer, Dr. J. G. Hartswick, (with encl.,) Dr. W. D. Kearnes, (with encl.,) Dr. S. H. Howe, (with encl.)

Office Payments.—Drs. Charles Walker, M. K. Gleason, M. McClenachan, (adv.,) L. D. Harlow, R. P. Thomas, L. Rodman, P. B. Goddard, L. P. Gebhard, E. Scholfield, D. Gilbert, H. Bloom, W. Mayburry, S. Updegrove, W. S. Fricke, C. H. Taylor, Charles Wittig, J. W. Hamilton, N. R. Moseley, A. C. Deakyne, J. D. Mundy, G. Lineweaver.

DEATHS.

HESTON—Jan. 16th, Mrs. Maggie H., wife of Dr. A. P. Heston, of Fredericksburg, Va., formerly of this city.

THOMAS—Dr. Richard H. Thomas died on Saturday last, at his residence near Baltimore. The deceased had attained the age of 55 years, was born in Anne Arundel county, and after graduating, commenced the practice of medicine. For many years he occupied the chair of obstetrics in the Maryland University, and relinquished that position nearly three years since on account of ill health. He was a member of the Society of Friends, and his discourses delivered three or four years ago in several Protestant churches, were remarkable for power, eloquence and fluency.

WILSON—In this city, on the 14th instant, of pneumonia, Mr. Andrew C. Wilson, of Yazoo City, Mississippi, in the 22d year of his age.

At a meeting of the Medical Class of the University of Pennsylvania, of which Mr. Wilson was a member, held on the 16th inst., Prof. R. E. Rogers, M. D., chairman, and Mr. Sam'l Ashurst, Secretary, a tribute to the worth, and resolutions of respect to the memory of the deceased, were passed, and a copy transmitted to his parents.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 171. | PHILADELPHIA, JANUARY 28, 1860. | NEW SERIES VOL. III. NO. 18

ORIGINAL DEPARTMENT.

Communications.

Reduction of Strangulated External Inguinal Hernia.—Influence of Position.

By Wm. Keller, M. D.,

Of Philadelphia.

On the 22d of March, 1859, I was called to see Mr. C., fifty-two years old, of rather feeble constitution, suffering from a bilious attack. The patient had suffered for several days with exhausting emesis, and diarrhœa, with bilious evacuations. Under the usual treatment of blue mass and morphia, he soon improved somewhat. The vomiting ceased, and the evacuations per anum were less frequent.

I found him on the 2d of April vomiting again, and complaining of pain in the abdomen, I suspected at once a hernia, and immediately found, by examination, an external inguinal hernia of the size of a child's head. The patient had kept his infirmity a secret, unknown even from his wife. I tried to reduce it immediately, and was able to return a large portion of the hernia, excepting a mass, which I took for omentum, and which I was unable to pass through the external ring. An experienced friend also tried it with the same results. In the evening the bowels were opened and the pain ceased. We attempted now, together, to reduce the hernia even several times daily, with the use of chloroform by local application and inhalation simultaneously. After these repeated failures, as there were no alarming symptoms of incarceration, I continued patiently, mild efforts for reduction.

In attempting the reduction, on the 2d of May, whilst the patient was in the position on his elbows and knees, I perceived a considerable diminution of the tumor. Turning him again on the back, the rest of the hernia entered without any difficulty. The patient was furnished with a good truss, and improved rapidly.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

January 18th.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

The Treatment of Typhoid Fever.—After introducing to the notice of the class a case of *pleuro-pneumonia*, which was improving under a treatment of ipecac. $\frac{2}{3}$ gr., calomel $\frac{1}{4}$ gr., and opium $\frac{1}{8}$ gr., every two hours, Dr. Gerhard remarked upon the treatment of typhoid fever, in substance, as follows: He had not here time to detail the symptoms of the disease, nor to speak of the different characteristics which it assumed in different localities. As to the treatment, it was best in the first place to give some laxative medicine, so as to remove the fœcal contents of the bowels; the best was a minute quantity of mercury followed by oil or Rochelle salts. A decided purgation was not desirable. When the active feverish condition is developed, be on the watch for local determinations of the disease. I would advise you to abstain from bleeding. If bleeding is required for congestion of the brain or lungs, as it sometimes will be, cups are employed with greater advantage than general bleeding. There is always more or less of bronchitis; if this is not severe it requires no special treatment; but if severe you may apply cups, and blister the front of the chest. Pneumonia occurs comparatively rarely. A word in regard to the application of blisters: a small blister, say two inches square, or two by three, will produce nearly as good a revulsive effect as one six inches square. A large blister is productive of more

mischief than good. After it has drawn it produces a debilitating effect. They should not be placed on the back on account of the irritation which the pressure would produce.

In this disease there is always a tendency to delirium, and always some heaviness of the intellect. In three-fourths of the cases there is decided delirium. Cold applications to the head, and cups and blisters to the back of the neck, are calculated to relieve the irritation. The patient may often be saved by these remedies. When the disease is fairly under way a good deal is to be done for the patient, *but not in the way of medication*. You must abstain from dosing your patients. It is particularly injurious in the early stages of the disease. If you give, then, large quantities of medicine you will be pretty sure to get rid of many patients. In those parts of the country where typhoid fever is not frequent, many patients die of the *doctor* and not of the *disease*. The *first* thing of importance, and not often thought of, is free ventilation of the sick chamber. The exhalations from the patient are to a certain degree fœtid and offensive. and besides being pernicious to the patient, if allowed to contaminate the atmosphere of the room, may develop the disease in other persons. The crowding of friends into the room is a mistaken kindness, and is most pernicious in this fever.

On the other hand the patient should not be exposed to cold.

The next thing to attend to is the diet. Inasmuch as there is ulceration of the bowels, avoid everything stimulating. The diet may at first consist of arrow root; light broths, chicken water, and beef tea may afterwards be given; on no account must solid food be given.

As to medicine; give the simplest possible things. You must give something often as a placebo to the patient or his friends. The spirits of Mindererus is here an invaluable remedy, because while it can do no harm, it is perfectly innocent. Whenever I am in doubt about giving anything, I give it. The bowels may be kept open by a *teaspoonful* of castor oil; this will produce quite as much effect as is to be desired. The treatment of this disease by purgatives has been abandoned, but is now being revived in France. I approve of keepingthe bowels only moderately open.

Cool applications to the head, and sponging with vinegar and water reduces the temperature of the body, and are very grateful to the patient. Avoid disturbing the ulcerated bowels; if there is diarrhœa it may be checked by proper food and a minute quantity of opium; a quarter of a grain will be borne very readily. You must check the diarrhœa for two reasons; to prevent the patient from being exhausted by it, and to avoid hemorrhage.

Afterwards, at the conclusion of the disease, the treatment must be modified. You must then give tonics. I generally give four grains of quinine in the course of a day.

To promote resolution of the inflamed patches in the bowels, I sometimes give calomel; but it must be given in minute doses, else it tends to increased development of ulceration. There is another remedy, to which Dr. Wood attaches much value, indicated by tympanites, and by the tongue becoming suddenly clean, and shining—this is, small quantities of the oil of turpentine. Should the distension of the abdomen remain undiminished the oil of turpentine may do good. I am very far from giving it in every case, but when I see the necessity for it I give it without hesitation. The debilily attendant upon the advanced stages is often such as to render stimulants essential. Wine whey may be given, a wineglassful three or four times a day. The nourishment may be increased by light and digestible substances, but remember, nothing solid should be taken. Even in convalescence, and long afterward, if the patient does eat solid food, he does so at the risk of his life. Perforation of the bowels may occur, when the patient is able to walk about, from taking improper food.

The *prognosis* of this disease is favorable. The deaths, on a large scale may be said to be one in ten or fifteen cases. They vary according to the nature of the disease in certain years, to the age of the patient, and other circumstances.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

Meeting of January 18th, 1860.

A new method of arresting hæmorrhage, called Acupressure, by Dr. Simpson, of Edinburgh; paper of Dr. Simpson; discussion on Diphtheria.

The Academy met, with an unusually full attendance of members. After the reading of the minutes, Dr. G. T. Elliot stated that he had to day received a letter from Dr. Simpson, of Edinburgh, in which were enclosed the proof sheets of a paper entitled "*Acuprsssure; a new method of arresting surgical hœmorrhage*," with the author's request that Dr. Elliot would present it to the Academy.

Dr. E. then proceeded to read the paper, and as the subject is one of great practical interest to the profession, and must certainly be new to most readers of the Reporter, we give it in full.

The paper is published in form of a report of the meeting of the Royal Society, shortly to be pub-

lished, or probably published at this time, in the *Edinburgh Medical Journal.*

"At the first winter meeting of the Royal Society of Edinburgh, held on Monday, the 19th December, 1859, Professor Simpson made a lengthened communication on Acupressure, as a new mode of arresting surgical hæmorrhage. After describing the various methods of staunching hæmorrhage in surgical wounds and operations, which the Greek, Roman, Arabic and Mediæval surgeons employed, he gave a short history of the introduction of the ligature of arteries, and spoke of it as—with the occasional exception of torsion for the smallest arteries—the hæmostatic means almost universally employed in chirurgical practice at the present day. But he thought that surgery must advance forward a step further than the ligature of arteries, particularly if surgeons expected—as seemed to be their unanimous desire—to close their operative wounds by the immediate union or primary adhesion of their sides or walls.

"To enforce this point, Dr. Simpson recapitulated the arguments which he has already adduced on the same topic in this journal. (See *Edinburgh Medical Journal* for Dec. 1858, p. 547,") urging, that since we now know that in obstetric surgery we can, with metallic sutures, produce, with great frequency and certainty, complete union by the first intention of the vivified lips of a vesico-vaginal fistula, (and that too, in despite of urine, the most irritating fluid in the body, constantly bathing one side of the wound), surgeons ought to heal *their* common surgical wounds by primary adhesion also, provided there were no counteracting circumstances to prevent this desirable result, yet the complete and entire union by the first intention of surgical wounds, left by the removal of a limb, mamma, tumor, etc., was confessedly not very frequently seen in surgical practice. The *ligatures*, by their presence around the cut arteries of the wound, formed the counteracting circumstances or agents, which prevented the primary union of the sides of the wound. They produced this effect in two ways: *First.* They acted themselves as foreign bodies in the depths of the wound; and when composed of silk or organic matter, they rapidly swelled with imbibed animal fluids, which soon decomposed, and thus rendered each ligature thread liable to act like an irritating seton. *Secondly*, they counteracted immediate union or primary inflammatory adhesion in another way, viz: they always set up in the ligatured points and ends of the tied arteries *higher* stages of inflammation than the adhesive—stages that were indeed destructive of adhesion; for every ligatured artery at the point of deligation, has its two inner coats mechanically torn and divided by the ligature, and before it escapes from its hold on the arterial tube the ligature requires to eat through the remaining bruised and strangled coat by the processes of ulceration, of suppuration and of gangrene. Under such circumstances complete healing of the wound by immediate union, by primary adhesion, or by simple adhesive inflammation, is more than can be expected. Surgeons have made various efforts to overcome the two difficulties thus connected with arterial ligatures. (1) In olden times they were in the habit of including portions of the surrounding tissues in the loop of the ligature. But the process of ulceration, etc., by which each ligature cuts through the part it embraces, was thus found to be rendered unnecessarily severe and protracted. Hence arose (2) the rule of including within the ligature nothing but the arterial tube itself. After this important reform was introduced, the arterial tubes were by many surgeons tied (3) by large and sometimes flattish ligatures. These, however, cut and ulcerated through the included artery very slowly; and in practice they were betimes entirely replaced by (4) ligatures as small and slender as was compatible with due strength. To diminish the bulk of the foreign body, as ligature, in the wound, the practice was next adopted of (5) cutting off one end or limb of the ligature after the knot was tied, others with the vain hope that the mere loop of a silk ligature might remain buried permanently (though a foreign body) within the depths of the wound, proposed (6) that both ends of the ligature should be cut off; a practice followed with little or no success. The chances of union of wounds by the first intention have been attempted to be advanced by changing also the constituent materials of the ligature. Instead of vegetable threads of flax or hemp, (7) animal ligatures of catgut, silk-gut, buck skin, fibres of the sinew of the deer, etc., have been employed, under the expectation that they would prove less irritating to the wound, as approaching more nearly to the living animal tissues. (8) *Lastly*, ligatures of metallic thread have also been placed around bleeding arteries with the same hope; and though not irritating, as far as the material of which they are composed is concerned, yet Dr. S. had found, that metallic, like any other form of ligatures which is placed around bleeding arteries, and left there to ulcerate through the constricted tube, usually excited, in the course of their ulcerative progress, too high irritation and inflammation to allow of union of surgical wounds by the first intention.

All the march of modern surgery has thus been in the direction of attempting to increase the chances of the union of surgical wounds by the first intention, by diminishing more and more the irritation derived from the presence and action of the ligatures supposed to be inevitably required for the arrestment of the hæmorrhage. By the new hæmostatic process of acupressure, Dr. Simpson hopes to overcome in a great degree all those difficulties, as by it he ex-

pected to arrest the hæmorrhage attendant upon surgical wounds without leaving permanently any foreign body whatever in the wound itself. It was an attempt to bring bleeding wounds, in common surgery to the condition of wounds in plastic surgery, where no arterial ligatures were used, and where union by the first intention was in consequence the rule, and not the exception to it. Sewing up the outer or external lips of a large surgical wound, by silver, iron or other metallic or non-irritating sutures, and yet leaving within the depths of the wound a series of silk ligatures, each producing ulceration, suppuration and gangrene at the tied arterial points, was, he argued, but an illustration of a very paradoxical state of matters;—like enforcing cleanliness and the best hygienic measures, as it were, outside a house, whilst within doors there were retained and locked up filth and decomposition, and the elements of destruction and disease.

Dr. Simpson stated that he had tested, with perfect success, the effects of acupressure as a means of effectually closing arteries and staunching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose, were very sharp-pointed slender needles or pins of passive or non-oxydizable iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances required it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hæmostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side of it. But in his later experiments upon the living as well as the dead body (as in amputations on the latter and subsequently injecting tepid water through the arteries, in imitation of the flow of blood), he had found, that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin.

The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle which is left exposed on the fresh surface of the wound is the small middle portion of it which passes over and compresses the arterial tube, and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found—1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, or other resistent point against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the desired compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh; a thicker or deeper flap merely requiring a proportionally longer needle. In acting upon this mode, the surgeon may place the tip of the forefinger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inward till its point projects out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to his finger tip; he then, by the action of his right hand upon the head of the needle, turns and directs its sharp extremity so that it makes a bridge, as it were, *across* the site of the tube of the bleeding artery, immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either with this same forefinger of the left hand, or with the side of the extremity of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand, so as to make it *re-enter* the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle further on in this direction, its point re-emerges through the *cutaneous* surface of the flap—the site of the tube of the bleeding artery being in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over it.

The needle thus passes first from and through the skin of the flap *inward* to the raw surface of the wound, and after bridging over the site of the artery, it passes, secondly, from the raw surface of the wound *outward* again, to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen, and that not necessarily so, on the surface of the raw wound, is the small portion of it passing over the site of the artery; while exter-

nally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap, or side of the wound. The degree of pressure required to close effectually the tube of an artery, is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. If it were ever, perchance, necessary to produce greater compression than than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle, which are exposed cutaneously, a figure of eight ligature, as in hare-lip, with or without a a small compress placed between the arc of the ligature and the skin. In practice, however, the pressure of the needle upon the artery will, without any such external aid, be found to err more frequently, at first, in the way of excess than in the way of defect.

The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or soft leather. We fasten the stalk of a flower in the lapelle of our coat by a pin, passed exactly in this manner, to compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound, obliquely, to near the site of the artery, and then compressing against the bone, with the fingers of the other hand, or with the end of the needle itself, the part containing the artery, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and, if necessary, even emerge from the cutaneous surface on the other side, at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures, to make them push the needle with the necessary degree of force against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only anatomy and experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone, or other resistent point; and a comparatively slight purchase of this kind is generally all that is required. In two cases, Dr. S. had found that branch of the internal mammary artery which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then tilted over it and (after compressing it so as to stop the flow of blood) pushed onward into the tissues beyond. Possibly, in some amputations, an acupressure needle, or needles, may yet be passed, immediately before the operation, half an inch or so above the proposed line of amputation, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the same time, the present uses of both tourniquet and arterial ligatures. Perhaps this will be found, in some cases, as simple and effectual means of compressing and closing arterial trunks for hemorrage and other practical purposes; as, for example, the artery leading to an aneurism—as the femoral artery in popliteal aneurism—changing the operation for that disease into a simple process of acupressure, instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, munipulation, and continuous flexion of the knee fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariatomy, without leaving a foreign body, whether clamp or ligature, upon the stalk of the tumour, to ulcerate and slough through it. If the stalk be transfixed, and properly and strongly pinned in its whole breadth, to the interior of the relaxed abdominal walls, by one or more acupressure needles passed through these abdominal walls from without, this difficulty may possibly be overcome.

That needles used for the purpose of acupressure, and passed freely through the walls and flaps of wounds, will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal tissues to the contact of metallic bodies. Long ago, John Hunter pointed out that small shot, needles, pins, etc., when passed into, and embedded in the living body, seldom or never produced any inflammatory action or none at least beyond the stage of adhesive inflammation, even when lodged for years. Sometime ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Pouillet, and others, showed that the passage and retention of long acupuncture needles was attended with little or no irritation in the implicated living tissues. The reviewer of their works and experiments in the *Edinburg Medical Journal*, for 1827, observes: "It is a remarkable circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patients, they may produce a little irritation; but if they are properly secured and pro-

tected, they may be left in the body for an *indefinite* length of time without causing any of the effects which usually arise on account of the presence of foreign bodies. In one of M. Cloquet's patients, they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injury." (Page 197.) All the late observations and experiments upon metallic sutures are confirmatory of the same great pathological law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. In the operation for hare-lip, where the whole success or failure of the operation depends upon the establishment or not of union by the first intention, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-of-eight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The acupressure of arteries, when compared with a ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages:

1st. Acupressure will be found more easy, simple and expeditious in its appplication, than the ligature.

2d. The needles in acupressure can scarcely be considered as foreign irritating bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign irritating bodies, and cannot be removed till they have ulcerated through the tied vessels.

3d. The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe and morbid consequences.

4th. The chances, therefore, of the union of wounds by the first intention should be much greater under the arrestment of surgical hæmorhage by acupressure than by the ligature.

5th. Phlebitis, Pyæmia, etc., or in other words, traumatic or surgical fever, seem not unfrequently to be excited by the unhealthy local suppurations and limited sloughings which are liable to be set up in wounds by the pressence and irritation of the ligatures.

6th. Such dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has no such tendency to create local suppurations and sloughs in the wound, such as occur in the seats of arterial ligatures.

And 7th. Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly, and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended, than at present, by the disastrous effects and perils of surgical fever."

[Dr. Simpson's paper will, probably, be made the subject of a future discussion in the Academy, and, meanwhile, the profession have an opportunity to put his mode to the test. *Theoretically* we could raise various objections against the application of acupressure, the chief of which is, that it can never be employed in large arteries, as the femoral, etc., without subjecting the accompanying nerve, as well as the veins, to nearly the same amount of pressure which the artery sustains; and that it is questionable whether the advantage gained from the pressure upon the artery, by this means, will not be overbalanced by the disadvantages from pressure upon the nerve, and the impediment to the return of blood by the pressure upon the vein. All this, however, must be determined by clinical observations.—GOTHAM]

DISCUSSION ON DIPETHERIA.

We give the substance of the remarks made at the two last meetings in one report, as they will undoubtedly be more interesting to the reader in this connected form.

Dr. WATSON, the President, stated that in the recent publication of the New Sydenham Society* there was a great deal of confusion, regarding the true pathology of croup and diphtheria. The work is a translation of the works of Bretonneau, and other French writers, and seemed to him a work of perfect confusion. The French writers seemed to deny that there is any special disease to which we apply the term croup. Diphtheria, croup and muguet, were all mixed together in that publication, and he thought it proper to call upon the members of the Academy to express their opinions on the subject.

Dr. FRANCIS dwelled chiefly upon the early discussions between Baily and Barth, regarding the pathology of croup; he expressed his opinion that it was an inflammatory disease, and then went on to speak of the great value of vitriolic emetics in croup; he had given a teaspoonfull of the saturated solution of sulphate of zinc every half hour. He insisted on the patient being constantly *watched* by the physician, as one of the most important points in the treatment.

* Selected Memoirs on Diphtheria. (Bretonneau, Rousseau, Guersont, Buchert, Daviot, etc.) With a Biographical Appendix. Selected and translated by *Robert Hunter Semple, M. D.*"

Dr. KISSAM coincided with Dr. Francis as to the inflammatory nature of croup; the inflammation, however, is accompanied by a peculiar disposition of the blood, illustrated in cases, where tracheotomy is resorted to, by the deposit of the peculiar exudation on the edges of the wound. This exudation, however, does not differ from the ordinary false membrane.

As to treatment, he had always resorted to calomel at the beginning, or the febrile stage, and seldom would the disease proceed to the second or third day, if thus treated early. At the same time he used antimonials, but in small doses.

Dr. VAN BUREN pointed out the distinction between true and spasmodic croup, the one coming on rather slowly, the latter suddenly, at night; one accompanied by exudation, the other not. He condemned blood-letting, and had not much faith in calomel; he had seen great benefit in the treatment of croup derived from warm vapor-inhalations. One very severe case of croup, following scarlatina, recovered under local applications of nitrate of silver alone.

Dr. PERCY thought that the type of croup had considerably changed of late years. It presented now a more asthenic character than formerly, and seemed to be more of a typhoid condition with a local inflammation. He had not used calomel at all; he had used, at the suggestion of Dr. Miller, alum, in frequently repeated doses, and found more beneficial results from that, than almost any other form of medication which he had used. It was prompt in its action and did not prostrate the patient; indeed its effects were almost instantaneous. Where the pulse is rapid he had lately been in the habit of controlling it by veratrum viride; in this way he had reduced the pulse from 160.70 down to below 100, without producing any emetic effect. Veratrum, however, does not control the respiration; in such cases he resorted to opium or morphia.

Dr. BARKER stated that he had noticed one symptom in the *diphtheritic* form of croup, which he had not witnessed in the true membranous croup; namely, a thin watery discharge from the nostrils; in diphtheritic croup he had seen the countenance a little flushed, whereas in true membranous croup it is generally pale; again, the cough in diphtheritic croup is of a moist character and does not have the ringing metallic sound of true croup. The respiration in diphtheritic croup is not increased in frequency to that degree, which is the case in membranous croup; neither does there seem to be the same amount of difficulty in breathing as there is in true croup.

In one case of diphtheritic croup that he recently attended, the respiration was only increased to about 24 in a minute. The pulse was increased in the same ratio, there being one respiration to every five beats of the pulse. There was such evident prostration of all forces, that he deemed a sustaining treatment necessary, and he was led to believe that the majority of these cases would bear well the administration of such remedies as iodine and iron.

While at Albany last winter, when this diptheritic disease was prevailing in that city, he endeavored to familiarize himself with the disease, supposing that it probably might reach us here. He saw none of it in this city until this fall, in September, when, among others, he met with the following remarkable case:

A lady, married, who had never had any children, had been laboring under some slight prostration and debility for about two weeks. He was called to see her in the night, on account of inability to pass her urine. On inquiry it was found that she had not emptied her bladder for a period of twenty-four hours. The hypogastrium was found greatly distended and tender. He immediately attempted to pass a catheter, but the tenderness was so great that he was unable to succeed until after she was put under the influence of chloroform, when a large quantity of water was drawn off, followed, however, by little or no relief. Opium suppositories and opiate injections were applied, camphor and morphia given internally, and fomentations applied to the vulva.

Calling the next morning, Dr. B. found her in almost a state of delirium, with no relief from the pain. He visited her again in the afternoon, when she was once more placed under the influence of chloroform, in order that a catheter might be introduced. On this occasion an ocular examination was made. The vulva, labia majora, meatus, in fact, the whole mucous surface of the vulva was covered with a *membranous exudation*, similar to that which he had seen in diphtheria.

The treatment then consisted in the application, once a day, of a strong solution of the nitrate of silver, for the purpose of breaking up this exudation. After the exudation was removed the parts were kept constantly wet with a saturated solution of the chlorate of potash. The chlorate of potash was also given internally, together with tonics, such as quinia, and a good diet.

He believed that the tendency of the blood, in this disease, was to *disorganization*, and that it did not bear active treatment, but required support of the vital powers.

DR. JACOBI.—The main thing observed in diptheria are the symptoms of entire dissolution of the blood. Hence it was difficult to make a correct diagnosis without the membranes being seen, as the general symptoms of the dissolution of the blood are very similar to those in other diseases, presenting

the same character, such as scarlet fever, measles, etc. It would be very difficult, therefore, to make a strict diagnosis without the membranes being observed.

The membrane usually is seen on the tonsils and the uvula; but it is not necessarily confined to the throat; he had seen them on almost every mucous membrane of the body, especially on the mucous membrane of the vagina. The great majority of cases of diphtheria are so slight that there is hardly any necessity for medical interference; still not unfrequently they assume a severe and dangerous character.

As to treatment, his experience, especially during the last two or three months, was not much in favor of the use of caustic to the membrane itself; and if this local medication had any beneficial effects, he thought that they were limited to the portions of mucous membrane on which no exudation had yet taken place, and where it might possibly prevent it.

Internally, the chlorate of potash and iron, especially the fluid preparations of the latter, and large doses of quinia, especially in such cases as set in with fever, were used. Lately Dr. Jacobi had substituted chlorate of soda for the chlorate of potash. Chlorate of potash requires sixteen, chlorate of soda only three or four parts of water to dissolve it. He had repeated the experiments made by some French pathologists, and found that the diphtheritic membrane was more readily macerated in a saturated solution of chlorate of soda than of chlorate of potash.

While it was true that no essential difference could be detected between the membranous exudation of croup and that of diphtheria, yet there was a wide and characteristic difference between the two diseases. *Croup* had nothing to do with dissolution of the blood, while dissolution of the blood was the *main* pathological character of *diphtheria;* it is related, in this respect, to scarlet fever, measles and typhus fever, all of which present this general morbid condition of the system.

Dr. Barker looked upon croup as a local disease, just as much as a pleuritis or a hepatitis. The constitutional symptoms attending croup are symptoms resulting from the local inflammation. *Diphtheria* is a *constitutional* disease, resulting from some specific poison, a certain *materies morbi,* attended with a local manifestation on the mucous membranes, chiefly of the throat. In *diphtheria* the *constitutional* symptoms precede the disease; in croup, the local disease precedes the constitutional. Another *point,*—he was not aware that death from diphtheria ever results from the mechanical obstruction of the membrane, producing asphyxia; whereas, in croup, he believed that death is very frequently attributable to the obstruction of the membrane alone, although not always, death sometimes resulting from the violence of the constitutional reaction.

(Dr. Wooster, of San Francisco, in his recent paper on Diphtheria, has the following remark: "The invasion of the larynx is marked by all the signs of croup, and asphyxia rapidly terminates the scene of agony. On the contrary, when the larynx escapes, there is an apparent calm, which deceives the most experienced eyes;" and Dr. Willard, of Albany, in his paper on Diphtherite, published in the Transactions of the N. Y. State Med. Soc. says: "The membrane rapidly extends upon the palate, tonsils, rima glottidis into the larynx and trachea, producing mechanical obstruction to respiration, and the patient dies precisely in the same manner as in croup."—Gotham.)

Dr. Watson would like to ask Dr. Jacobi how many cases of diphtheria he had seen.

Dr. Jacobi: I have seen 122 cases for one year in the German Dispensary alone.

Dr. Watson: Do you include in this number cases of croup also?

Dr. Jacobi: No, sir; I have seen very few cases of croup; but very many of the cases of diphtheria were complicated with croup. When I say *diphtheria,* I mean diphtheria in all its forms; within the past 8 months I have seen, so far as I can judge, about 100 cases, and from three to four hundred cases since the disease has become epidemic in this city.

Dr. Watson: Was there a membrane observed in every case?

Dr. Jacobi: I have either seen the membrane, or the ulcerations that are usually seen, after the membranes have fallen off.

Dr. Watson: This is a very large proportion of cases. Dr. Jacobi's experience is chiefly among the Germans in this city; has any other gentleman of the Academy met with so many cases? He would call upon Dr. Elliott, who had experience on the subject.

Dr. Elliott stated that not having been on duty in the Dispensaries for some time past, he had no experience as to the prevalence of the disease there. Dr. Kinney, however, of the . . . . . Dispensary could perhaps answer the question.

Dr. Kinney: There has been only one authenticated case in this Dispensary.

The President then called upon Dr. Krakowitzer to give his experience on the subject.

Dr. Krakowitzer: I think, Mr. President, that I have seen a great deal of diphtheria during the last two months, though the exact number of cases I cannot recollect just now. I have seen, however, as many as 20 or 24 cases in that period. It was my lot to witness an epidemic of this disease in one

family, and involving all of the different forms of diphtheria.

The history is as follows: I was called in a family on the 23d December last, to see a lady, who had been taken with pain in the throat the night previously. She was of rather delicate constitution, and a year ago had been under the attendance of Dr. Jacobi for diphtheria. This lady had been confined two weeks ago, and the child had been put to the breast of a very healthy nurse. She was taken with fever; pain in the throat.

The next day, another child about two years old, appeared to be somewhat indisposed. This was attributed by the parents to teething. On examining the throat of the child, I found a diphtheritic exudation, extending over both tonsils; the child had also a thin watery discharge from the nose; there was very little fever and hardly any loss of appetite. I found the throat of the mother of a deep red color and an exudation covering the tonsils, extending over both arches of the palate to the posterior wall of the pharynx. The character of the countenance was correspondingly altered, she had great difficulty in swallowing, great prostration and pallor, with a quick small pulse. The exudation did not extend on the anterior of the velum molle, except on the uvula, which was imbedded in a coagulum of lymph.

The child was treated with chlorate of potash. Its case went on in a mild form for about a fortnight, the amount of exudation keeping about the same, until it finally disappeared, leaving a pretty extensive ulcer.

The child was kept under the use of chlorate of potash for about ten days, taking in all ten drachms, but it seemed to make no impression whatever upon the disease. The mother was kept for three days on the at the same time using gargles of the chlorate of potash, and after three days a thick shred of diphtheritic exudation was thrown off, measuring two lines in thickness; the surface from which it had been detached was slightly excoriated and of a bluish hue. The next day I found the same surface to be covered again with a white exudation, which in two days detached itself to make room for a third exudation, which in its turn detached itself in two days.

On the 27th December, her brother and sister-in-law were attacked with pain in the throat. The sister-in-law had slight fever and some difficulty in swallowing. The brother-in-law had no febrile symptoms whatever. On inspecting the throat, I found a yellowish white exudation on the tonsils in each case. Chlorate of potash was given to both; in the case of the brother-in-law, the exudation disappeared in four days and did not re-appear.

On the next day, I was requested to see a lady who lived not far off and had been visiting in the house. She complained of pain in the throat, but as she resisted all my attempts to depress the tongue so as to allow an examination of the throat, the case was given up. She presented all the symptoms of diphtheria, and recovered very soon.

On the 31st of December, the nursing babe was taking with a sort of coryza, without any fever; on calling the next day, I understood that the child had shown symptoms of weakness and paleness. They had sent for a physician in the neighborhood who said the child had nothing but a cold and would soon get better, and did not therefore prescribe any thing. On January 3d, 1860, I noticed that both tonsils and the palate were covered with a diphtheritic exudation, and the child breathing with a snoring sound. The voice was perfectly clear when the child cried. The access of air seemed to be impeded; there was no evidence of any exudation in the larynx.

I asked Dr. Jacobi to see the child with me the next day, as I considered the case a fatal one. The child died on the 5th of January. On making a post mortem examination, I saw an amount of diphtheritic exudation, that I had never witnessed before; both arches of the palate, the base of the tongue, the upper aspect of the epiglottis, the larynx, trachea and both bronchi were all covered with a pretty thick layer of diphtheritic exudation. The lungs were emphysematous in some portions, and presented spots of consolidation from atelectasis; both lungs were also somewhat ecchymosed. On the same day when the post mortem was made, the dry nurse complained of indisposition and pain in the throat. On examining the throat, I found a small exudation on the left tonsil; the general febrile symptoms were about as one would expect to find where there has been want of rest. She took the chlorate of potash, and two days afterward the exudation was removed. The following day there was a new exudation on the right tonsil; this also disappeared in about two days. This is the history of the epidemic in one family; the locality in which they reside is a very healthy one, and the family itself in the very best of circumstances.

In another case, that of a little girl only two years of age, there was a diminished secretion of urine; she passing very little in the course of 12 hours. On testing the urine with heat and nitric acid, it gave a pretty abundant deposit of albumen. A microscopical examination showed epithelial cells, blood corpuscles, but no casts. The child was then given spir. nit. dulc.; in two days, all albuminous reaction had disappeared. This was certainly a remarkably rapid disappearance of albumen.

(In Dr. Wooster's paper, already referred to, the author has similar observations. He says: "we

have noticed a remarkable diminution of the urine for twenty-four hours, but not a total suspension, even for 24 hours."—GOTHAM.)

Another case, proving fatal, occurred in a child from 16 to 18 months of age, of very delicate frame; it had suffered during the summer severely from cholera infantum. Dr. K. was called to see the child on the Sunday preceding New Year's day, and found it suffering from inflammation about the ear, in consequence of an ear-ring that had been introduced. The ring was removed and the inflammation subsided. On the 29th of December, he was sent for in haste, because, as the messenger said, the child had vomited blood. Traces of blood were found on a handkerchief; on inspecting the throat, a diphtheritic membrane was found, which was cauterized vigorously. The child, however, grew pale, with lips blue, the eyes became sunken, and the child soon expired.

Another quite curious case he attended in Williamsburgh. A child 3½ years of age was taken sick on a steamboat from Hastings to New York. He was sent for on the 10th of November, 6 days after the child's sickness, suffering then from a slight fever. On examining the throat, a diphtheritic exudation was found. As the parents insisted that it was impossible to make the child take medicine, he remarked that as the case appeared mild, it would perhaps get well without. The case kept its mild characteristics until the 9th day, when the mother, becoming alarmed, asked him to prescribe, and promised to give the child the medicine. Chlorate of potash was given. On the next day, Dr. K. was shown a considerable quantity of false membrane which the child had coughed up. The mother, of course, was very loud in her praises of this remedy.

But this only shows how easily we are sometimes led away, when we place too much confidence in our remedies. We are used to give chlorate of potash in this disease as a specific, but the child in this case brought forth the membrane after it had taken only two tablespoonsful of the solution. Now, if the child had taken the remedy from the commencement of the disease, the expulsion of the membrane would probably have been ascribed to the remedy; from that time, he had not had much confidence in chlorate of potash in this disease.

(The author already referred to, has the following comprehensive remark: "I believe chlorate of potash *harmless* but of *unproven* efficacy in diphtheria."—GOTHAM.)

A great number of cases of diphtheria, in his opinion, were mild and would run their course, without much interference; no specific treatment can be of much avail; but the patient must be put under most favorable conditions, and where the medication is demanded, a tonic course must be pursued. Dr. Krakowitzer continued:

I have said but little in regard to diagnosis. There is no occasion for making a differential diagnosis between this disease and what is called croup. according to my own opinion croup is no disease. This may seem to be speaking paradoxically; but *croup* indicates only a *symptom*; it means merely an increase of the difficulty of respiration form obstruction of the glottis by whatever cause; it may come on slowly and increase gradually until it is carried up to suffocation, or until nature relieves the obstruction. Croup may be produced then by exudation of false membrane, occurring in the course of the disease, termed *diphtheria*, as croup may be produced by an internal inflammatory effusion of serum in the mucous membrane. We have what is called croup, when there is no membrane formed at all, or rather where no exudation has been found.

This is no mere speculation. I have seen cases, where the child was said to have died from croup, and not the slightest exudation was found on the post mortem, neither had any membrane been expelled during life. I can now remember three such cases: my own child was laboring for three days under symptoms of croup and yet no false membrane was appreciable; although the symptoms were so severe that it was at one time a question, whether treacheotomy should be performed or not. I have seen the same condition in two other cases. I have been obliged, sir, in two cases to resort to tracheotomy, because the dyspnœa was increased so much, and the medical treatment would not produce any amelioration, and in *none* of these cases did we discover any patches in the pharynx or *any false membrane.*

If we speak then of *croup*, we are merely stating a *symptom of several pathological conditions.* The term croup has no more force, than what we call *dropsy.* It is no disease; it is the *consequence* of other diseases. Forty or fifty years ago dropsy was supposed to be a distinct disease, but now we know it may be the result of cirrhosis of the liver, disease of the spleen, or heart disease; in fact, we know that it is never, or hardly ever a disease for itself. So it is with croup. We may see no traces of it, and still there may be false membrane in the larynx; and if we give the term "*croup*" only to cases where there is false membrane, we do so only on *statistical*, but not on *diagnostic* grounds. Hence, when we speak of *membranous* croup, we cannot speak of a differential diagnosis between it and diphtheria, because the various forms of croup themselves, cannot be distinguished from each other. I think, therefore, that we should make this distinction: Diphtheria is the *disease alone*—croup is a *symptom*, that may be produced by various patholo-

gical conditions; a differential diagnosis between the two cannot hence be admitted.

But what diphtheria is essentially, I do not know; no definition can be given. It can only be described by a minute history of cases. I do not know whether it is a general disease or a local disease; but it is, certainly, of an epidemic character.

Dr. Watson. You stated that croup is not an essential disease, but merely a symptom of other diseases. Will you be kind enough to specify the various diseases of which it is a symptom?

Dr. Krakowitzer. *First*, it is a symptom of exudation of false membrane in the larynx; *second*, œdema of the glottis in children as well as in grown persons. Croup means only impeded respiration, difficulty of respiration.

(If we understand Dr. Krakowitzer correctly, he does not deny that there is a disease, characterized by false membranous deposit in the treachea and larynx, which gives rise to those symytoms, gener. ally termed croupy. We understand him to contend simply for this point; that, inasmuch as the ringing metallic cough, the hoarseness, dyspnœa, etc., are due, not to any specific lesion taking place in psuedo-membranous laryngo-tracheitis, but to the *obstruction of the air passages*, and, as this obstruction, giving rise to the croupy symptoms, may be caused by *other pathological conditions*, besides psuedo-membranous tracheitis, the term "croup" cannot be looked upon as a diagnostic nosological term, but must be considered as indicating only a certain *condition*. Perhaps in a large number of cases this condition may be demonstrated, either by the expulsion of false membrane, or by post mortem examinations, to have been produced by exudation in the trachea, but *unless* it has been so demonstrated, we are not *sure* whether the croupy condition really depends upon tracheal exudation or something else; and hence, although croup may be therapeutically treated as an entity, in a diagnostic view it can only be looked upon as a *condition*, just as the *typhoid condition*, accompanying pneumonia, scarlet fever, measles, small-pox, etc., may be therapeutically treated as if it *were*, but is never *regarded* as *being*, a disease per se.

On the contrary, *diphtheria* must be considered a disease, because its characteristics, are those of *general* blood-poisoning, varying, as every disease of this class does, in intensity. It may manifest itself *locally*, but this does no more render it a local disease, than is varioloid, whether it be confluent, or presents only a postule on the tip of the nose, as we have seen it. We cannot, hence, agree with Dr. Reese in his subsequent remarks, when he claims that *diphtheria* is only a *symptom*. A symptom of what? Inflammation? A local inflammation? Can an inflammation be looked upon as local, which affects, not only the whole tract of mucous surfaces, but attacks whole families and communities in a manner perfectly analagous to epidemic exanthemata? A *peculiar symptom* at least, must Dr. Reese acknowledge it to be, when Dr. Willard repeats in the transactions for 1859, that more than two thousand cases of it occurred in a few months in Albany, and one hundred and eighty-eight died of it.—Gotham.)

EDITORIAL DEPARTMENT.

Periscope.

Splint and Compress for Vesico-Vaginal Fistula.—Dr. Battey, of Georgia, suggests in the *London Lancet*, another modification of the button for the attachment of the wires in the operation for vesico-vaginal fistula. The wires on one side, after being introduced, are fastened to the splint by perforated shot, and those on the other side are lodged in slits in the edge of the splint, and the wires on both sides are then secured by twisting together. The splint is made five-sixteenths of an inch in width, and of a length to suit the fistulous opening.

This, Dr. B. claims as a new principal of treatment and apparatus for vesico-vaginal fistula.

Its principal of action is the same as that claimed for all other such devices.

The error which suggests the necessity of such contrivances, must be in supposing the parts after the operation, to be always in the state of tension, produced by the speculum at the time of operating, or viewing the vagina, as it is represented in drawings in the books, as a hollow tube and not *as it exists in nature with its walls flaccid and collapsed.* The superincumbent weight of viscera naturally tends to press the walls of the vagina together, and for this reason, and the more effectual drainage of the urine, in cases of extensive loss of tissue, it would be well to keep the patient in an erect sitting position for a few days after the operation.

Dr. Agnew, of this city, has suggested the probability of the cure of some cases of fistula, by taking advantage of this natural tendency to approximation by gravity, *without introducing any sutures.* The edges being first carefully incised, and a large catheter kept in the bladder.

The risk to life of first and subsequent Pregnancies.—Dr. R. Barnes wished to draw the attention of the Society to the determination of the question as to whether first pregnancies were to be considered as more hazardous to life than subsequent ones. The question was one of great interest as bearing upon life assurance. It was not sufficient to know the amount of risk for all pregnancies, which we were at present, indeed, in possession of. Excluding deaths from puerperal fever, the Dublin Hospital statistics showed that 1 in 100 of primiparæ died, and 1 in 200 of the multiparæ. But as the statistics of private practice only were capable of affording satisfactory information, he would suggest that the Fellows of the Society be invited to contribute to the settlement of the question. A tabular form for the purpose, he submitted to the Society.

Dr. Tyler Smith agreed with Dr. Barnes as to the risk incurred by women in first labors, but it was the custom of the insurance office with which he was connected—the New Equitable—to assure the lives of healthy women pregnant for the first or any other time at the ordinary rates. The rates of life assurances were framed upon the average duration of life in average lives. At all ages, the expectancy of the continuation of life was somewhat greater in the female than the male; so that they were the best lives for assurance. As regarded the question of married or single women, there could be no doubt that there were certain risks incidental to child birth, but single and childless women were subject in an increased degree to certain disorders of the nervous system, and to uterine and ovarian tumors, which rendered them, if anything, less eligible than child bearing women for life assurance.—*London Obstet. Society.*

A case of Fibrous Tumor of the Uterus, illustrating a Surgical Operation for its Cure —By I. Baker Brown.—In a woman, aged 49, ill for six years, there was found an abdominal tumor, extending half way to the umbilicus, composed of the uterus, enlarged by the presence of a fibrous tumor. The os uteri was incised, and the tumor brought into sight. The author then proceeded to operate upon it by piercing it in the centre, cutting out a portion, much in the manner of coring an apple. Through the cavity thus formed, as much as possible of the surrounding tissue was broken down. A copious discharge occurred for the next few days; and at the end of four months a slightly enlarged uterus was all that could be detected. The principle on which the operation in question (which, the author observed, had been performed by Atlee and Recamier) was adopted, was the knowledge of the fact that when polypi are ligatured the whole of the growth perishes—not only that on the distal side, but also that on the other side of the ligature. By removing a portion of the fibrous tumour, the same effect—the destruction of the whole—was in this case obtained.

Dr. Barnes believed Atlee's operations had been attended with great mortality. He would suggest that Dr. Simpson, just elected an Honorary Fellow, should furnish the Society with the results of his enucleation practice.

Dr. Priestly believed that Dr. Simpson had abandoned interfering with large fibroid tumors of the uterus by operative measures.—*London Obstet. Society.*

Antiphlogistic Properties of Morphia —In an article on this subject, in the *Medical Times and Gazette*, Mr. Laurence, of the London Ophthalmic Hospital, presents, in illustration, a remarkable array of cases of speedy relief of sclorotitis, without any additional treatment, and in some of which the usual antiphlogistic treatment had previously failed. He says:

These cases I consider to establish an important practical fact, viz., that morphia is *per se* a powerful antiphlogistic[1] capable of curing these acute inflammations of the eye, in which up to the present time blood-letting, blistering, and mercurialization have been considered necessary. As regards loss of blood, all will be agreed on the propriety of dispensing with it, where it can be done so with safety. Again how constant an occurrence is it to see paroxysms of acute inflammations for a time apparently relieved by blood-letting, till the subsequent vascular reaction sets in, but to recur again and again, and require as many repetitions of this same objectionable remedy. I would further ask surgeons and physicians, what evidence have they that in the combination of mercury and opium given with a view of "putting the patient under the influence of mercury," as it is termed, it is not really the *opium* which does the good and that the mercury and its action on the mouth may not be,

[1] In all the cases mentioned, the patients had been using warm fomentations to the eyes before applying at the hospital.

to say the least, useless?[1] And I would finally ask the physicians of this country to test the powers of morphia in the treatment of the acute inflammation of the internal organs of the body.

If we seek for an explanation of the above very remarkable action of morphia in reducing abnormal fullness of the vessels of the sclorotic, we may find it in the relations of pain to vascular congestion. Pain has generally been regarded rather as the effect, than as the cause of the repletion of blood-vessels; but it is quite an open question, whether or not in certain classes of cases the order of things may not be inverted? Such may be the case in the inflammations of the sclorotic we have just been discussing. That, on the other hand, vascular congestion may react as a cause of pain, is not improbable. The theory I would submit is that the action of morphia in these cases depends on its known power of reducing nervous irritability, which may be viewed as the primary cause of the inflammation. In these deep-seated inflammations of the eye this view is very much borne out by the seat of the pain; this will be found to follow strictly the branches of the fifth nerve; indeed, the precission with which the patients themselves localise the pain is very remarkable, whilst we have further evidence of the nervous nature of these cases in the intense watering of the eye (dependent on irritation of the lachrymal branch of the fifty nerve.) In this way I conceive the irritation is propagated to the vessels through the intervention of the connexions existing between the fifth and sympathetic nerves.

Dr. Bennett's Opinions of Dr. Horace Green's Topical Treatment of Diseases of the Larynx.—In the new edition of Dr. Bennett's work on Pathology and Treatment of Pulmonary Consumption, the *Medical Times and Gazette* says, that he insists on the high importance of topical applications to the pharynx and larynx. He also points out diseased conditions of the nasal passages, which he affirms sometimes produce symptoms which cause them to be mistaken for phthsis. He gives examples of such cases, in which, by local applications to the nasal passages of solutions of nitrate of silver, he has cured his patients of chronic coughs. With regard to the novel proposition of bronchial injections, Dr. Bennett has had personal experience in their use, and considers that nitrate of silver, if it could only be fairly applied to the mucous membrane of the bronchi, ought to act as well there as we know it does in the case of other mucous membranes.

Lactagogue Effects of the Leaves of the Castor Oil Plant.—At the meeting of the Medical Society of London, on the 12th ult., Dr. Routh exhibited three preparations of the leaves of the castor oil plant, a *tincture* and *liquor* (dose of each one drachm,) and an *extract*, (dose five grains.) The leaves were obtained from Australia, and the drugs prepared by Mr. Greenish, of London. The Society would remember, that Dr. Routh had read a paper on the subject of the lactagogue effects of this plant, the leaves of which, applied to the breasts as poultices, and as fomentations to the vulva, for three days at intervals, were used, in Bonavista, to induce milk in the breasts of women within catamenial ages, but particularly in those women who had borne children. The milk once produced could be perpetuated by the simple irritation effected at the nipple by the suction of a child. These facts, related by Dr. M'William, had been confirmed in part by Dr. Tyler Smith. Dr. Routh had published his experience on the subject also, in a series of papers. To lying-in women, with a deficiency of milk, Dr. Routh had given the infusion, in combination with conger-eel soup, and the effect, in determining a copious flow of milk, had been remarkable. He had administered the extract to unmarried women within catamenial ages, and the effect had been to produce intense pain in the breasts; but as he could not find anybody in that case who would try the effects on a child, he had not yet induced milk in the breasts of such. After three or four days, the symptoms were relieved by a copious leucorrhœa. As it was possible that a larger experience of this remedy might enable us to convert some married women within catamenial ages into wet nurses, and as it undoubtedly acted as a powerful lactagogue in suckling women, he was desirous that others also should experiment on the subject, and therefore to direct them where it could be procured.—*Lancet.*

[1] Again, mercury is presumed to have an "absorbing power" over plastic effusions, such as occur in acute iritis: here too it is a fair question whether the absorption of the inflammatory exudations is not rather a natural process, supervening on the cessation of the inflammation (such as we daily see in the absorption of divided cataracts after the operation by solution, as soon as the inflammatory consequences of the operation have passed off,) than any, if I may be allowed the expression, "mercurial" process?

Rational Treatment of Disease.—The following propositions form the conclusion of a long paper read by M. Piorry before the French Imperial Academy of Medicine, in May and June last, we copy from the *Boston Med. and Surg. Journal.*

1. The treatment of disease is founded, almost entirely, on our knowledge of anatomy and physiology, aided by physical and chemical facts, and matured by clinical observation.

2. Positive therapeutics can only be established upon such knowledge as shall enable us to appreciate the causes, the development and the effects of lesions which have been previously verified by a rigorously exact diagnosis.

3. Rationalism, which ever since Descartes, has been the method followed by genuine observers, must be the foundation of medicine, as it is of the other natural sciences.

4. Before seeking new remedies for a disease, we must learn to define exactly the existing organic and physiologic condition of the system, and carefully study the effects of known medicaments and hygienic agents upon this condition.

5. By far the greater part of the progress of therapeutics is due to medical rationalism guided by exactness of diagnosis.

6. Specific medicines, that is, those which are applied to an unknown cause of disease, and which are only discovered by accident, are very few, and ought only to be adopted in practice when they are indicated by rationalism and the most positive diagnosis.

7. Some physicians err in censuring rational medicine (from which results a system of therapeutics characterized by good sense), in order to extol the treatment by specifics, which has no other foundation than accident, and is only supported by the fancy and credulity of an ignorant public, who are the enemies of science, and who are easily seduced by the marvels of mysticism, and by deceitful promises.

A Novel Treatment for Consumption.—Dr. C. S. Thompson, of London, has published a pamphlet in regard to his treatment for consumption. In the last stage of the disease he applies ice around the throat and sponges the whole body with cold water, repeating the operation every two or three hours!

Reviews and Book Notices.

CALORIC: *Its Mechanical, Chemical and Vital Agencies in the Phenomena of Nature.* By SAML. L. METCALFE, M. D, late of Transylvania University. In two large octavo volumes, pp. 630 and 481. Philadelphia: J. B. Lippincott & Co. 1859.

This is the second edition of this work. The first was published in London in 1843. The present edition was undergoing revision at the hands of the author, who was very anxious to perfect the work, when his health failed, and his earthly labor ceased in 1856.

If it were possible in our limited space, we would be very glad to give an extended notice of this work, for we regard it as one of uncommon value and interest, particularly to the physician. It belongs to the very small class of books which can lay claim to originality. Indeed, the author advocates some rather peculiar views, with a learning and confidence, however, which show that they had been well weighed before they were announced. Assuming, at the start, that caloric is a material agent, our author goes on to show its immense power and influence in the phenomena of nature.

The plan of his work embraces intricate questions of great moment to the physician. He discusses the theory of life, and its various manifestations in the different functions of organized beings. Also the theory of disease, the modus operandi of medicines and morbific agents, the origin of races, the influence of climate and season on diseases, and, indeed, there is scarcely a question of interest to the medical man, which is not discussed in this work, it being one of the authors "peculiar notions," that caloric is an all pervading agent, which modifies all the phenomena of life both in health and disease. He says: "A right understanding of the physiological and pathological laws of caloric is of vastly greater importance than those of geology, astronomy, or even chemistry. For, until we comprehend the operations of life, health, disease, the modus operandi of medicines and morbific agents, the healing art can never take its appropriate rank among the exact sciences; nor be rescued from the charge of mysticism, quackery, and ignorance, of what is essential to the character of a philosophical physician."

In concluding his labors, our author says: "If the principles developed in the preceding pages be true, they must be realized in all the practical concerns of human life, but more especially in improved methods of preserving

health and curing diseases Animated by the grandeur of the subject, and a deep conviction of its vast importance to the welfare of mankind, I have committed myself with unreserved confidence to the guidance of nature, undismayed by the magnitude of the enterprise; believing with Bacon, that in science, as in the affairs of civil government, 'it is better to change many things than one;' and with Sir Edward Lytton Bulwer, that 'there does not exist one prejudice which can be called salutary, nor one error beneficial to perpetuate.'"

We have thus let the author speak for himself as to the feelings that actuated him in the prosecution of his laborious undertaking, and it remains for us to say that he has shown great research and learning on every page of the work, which we regard as one of the most original, interesting, and valuable to the physician, which has been cast upon the sea of medical literature for many a year.

The gentleman under whose supervision this edition has been brought out—understood to be Dr. B. H. Rand of this city—has added an appendix "for the purpose of supplying a few omissions, and giving certain facts developed by recent investigations."

A very full analytical index adds greatly to the value of the work, especially as a book of reference.

We cannot close this imperfect notice without speaking of the magnificent style in which the publishers have issued the work, a dress eminently befitting so valuable a contribution to literature.

It is understood that the family of the late Dr. Metcalfe depend, in great measure, for their support, on the proceeds of the sale of this work, and if it meets the reception that its merits deserve, we can congratulate them in advance on the good fortune that is in store for them.

Lobelia-ism: Its Prospects and Policy. By J. Dickson Smith, Macon, Georgia.

The object of this pamphlet is a vindictive reply to some newspaper articles by an empiric of the "reform" order. From this public reply no good can result; on the contrary, the very object of the newspaper articles, which was his notoriety, will be favored. The writer has exposed nothing which has not been long known. It has been one of the tricks of these quacks to literally copy and assume the authorship of standard medical works, varied from the original, where treatment is alluded to, only by the insertion of the words "lobelia," "capsicum," etc. In this manner have been surreptitiously appropriated such works as those on the practice of medicine by Drs. Wood, Dunglison, Watson, Wood & Baches' Dispensatory, and others. A legal prosecution some time since interfered with this infamous thieving of the contents of one of the above valuable works.

A volume under the professed authorship of the individual alluded to in the pamphlet, a "Professor" Thomson, of Macon, Georgia, has, according to Dr. Smith, forty articles on different diseases, copied more or less extensively from Watson; nineteen from Dunglison; ten from Wood; and three from Stokes and Bell. Twenty consecutive pages of some of these articles have been thus taken *verbatim*!

Medical Journal:

The new year seems to be prolific of new medical journals. We have just received the first number of the *Kansas City Medical and Surgical Review*, a bi-monthly of forty-eight pages, at $2 a year. It is edited by Drs. G. M. B. Maughs and T. S. Case. Kansas city is in the State of Missouri, on the Missouri river, two hundred and fifty-seven miles west of St. Louis. This makes the third medical journal in Missouri, there being, beside the *St. Louis Journal*, a very spirited journal published at St. Joseph, another frontier city of the State. The *Kansas City Review* makes a very good appearance, and we trust that it will prove to be an elevator of the profession of Missouri.

The North American Medical Reporter.—This work promises to be one of great importance to the practical physician. It is intended to be the repository of *all medical matters of importance that transpire in the whole world*, being much wider in its scope than either Braithewaite or Ranking. It is published quarterly, each number containing 400 octavo pages, at $5 a year. *Over two hundred and fifty medical periodicals* are consulted in its preparation. This work should receive the support of the profession. Its conductors, Drs. Elmer and Elsberg, are intelligent and laborious men, and will make the *Reporter* well worthy of support.

Half our days we pass in the shadow of the earth, and the brother of death exhausteth the third part of our lives.—*Sir Thomas Broune.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 28, 1860.

MEDICAL JOURNALS IN CANADA—THE DIFFICULTIES UNDER WHICH THEY LABOR.

We have received the first number of the "British American Journal, devoted to the advancement of the Medical and Physical Sciences in the British American Provinces."[1] It is edited by Archibald Hall, M. D., L. R. C. S. E., Prof. of Midwifery, &c., in the University of McGill College, Montreal.

This, we believe, is the *fifth* attempt during our brief editorial career to sustain a Medical Journal in Canada, and we sincerely hope that this enterprise will be more successful than its predecessors. Dr. Hall's name was associated with one or more of the former publications, and he ever proved himself able and courteous in his editorial position, and we heartily welcome him back into the ranks.

A brief inquiry into the cause of the difficulty of maintaining a periodical literature in Canada may not be out of place in this connection. Probably the chief cause lies in the fact, that the profession of Canada depend on English and French medical journals. The great weekly periodicals of London and Paris, are we believe extensively patronized in Canada. These are good, substantial, satisfactory, medical journals, and they are, withal, expensive luxuries, so that subscribers to them, while they are satisfied that they are getting the best periodical literature that is published, feel as if they could not spare the money to sustain local enterprises. Periodical medical literature labors under the same disadvantage in the United States. The English weeklies have a great many subscribers here, while the republications of the London *Lancet* and other English journals are well sustained. It is a very common thing for physicians to say, if appealed to to sustain the medical periodicals of their own country—"O, well, yes, it may be a pretty good thing, but I take the *Lancet*, or *Braithwaite*, or *Ranking*, and it is all I want." Not many years since, a talented surgeon, in a western city, on retiring from the proprietorship and editorial management of a medical periodical, which he had endeavored to build up, and which he had conducted in a very creditable manner, declared that *the London Lancet had more subscribers in his city than his own journal had!* We can tell these supporters of foreign medical periodicals that the grandest modern triumphs in both medicine and surgery, originated in this country, and if their merits are made to appear to better advantage, and are published in a more attractive form abroad, it is only because foreign medical journals are better sustained than our own. In face of the merits of the foreign journals, we venture the prediction that our own will, ere long, be better sustained at home, and give character and tone to the medical journalistic literature of the world. The difficulties in the way of realizing this position are great, but they are not insurmountable.

But, to return to the *British American Journal*. We would respectfully suggest the impropriety of occupying space in the journal with articles in the French language. It is a waste of room. Few of the English subscribers can read them profitably, while nearly all the French, or Canadian physicians can read, if they cannot write, the English language. We believe that the chances of the success of the *British American Journal* would be greater, if they would omit the French altogether. Our opinion is founded on some considerable personal knowledge of the medical profession of Canada.

In conclusion, we will say, that the initial number of the journal, that has elicited the above remarks, gives promise of being an exceedingly valuble addition to the monthly medical literature of America, and we are glad to see that it begins its career with a subscription list of about two hundred. We wish that some of the medical journals of the United States would pattern after the mechanical execution of the *British American Journal*.

[1] This is an awkward title. One has to repeat or write the whole of it, which is very long, to get at the fact, that the work has anything to do with medicine. "Medical," or "Medical and Surgical" should have formed a prominent part of the title. The words "British American" occur twice in the title.

THE SECESSION OF MEDICAL STUDENTS FROM THE SCHOOLS OF THIS CITY.

There is a feature in the recent movement by which a number of medical students seceded from the schools of this city, on which we had proposed to make a few remarks, viz., the *unprofessional* conduct of those who led the movement here, and of the faculties of those medical colleges which connived at it, and not only offered the secessionists free tickets in their institutions as an inducement to secede, but in one instance, we believe, went so far as to contribute funds to pay the travelling expenses of the students. Such conduct between professional men, in private practice would make the offending party or parties amenable to any code of medical ethics. But the following very just and considerate remarks of the *St. Louis Medical and Surgical Journal* are so much to the point, that we quote them in lieu of any further observations of our own.

"Our readers are already apprised of the fact, through the public prints, that a large number of Southern medical students have recently seceded in a body from the Philadelphia Schools and gone to Richmond, and perhaps to other Southern Medical institutions. The immediate cause of this disruption seems to have been the intense excitement growing out of the John Brown affair, and the present unhappy state of feeling existing between the North and the South, occasioned by the never-ceasing agitation of the slavery question in and out of Congress. Partaking of the general excitement, these young men seem to have been seized with a sudden desire to build up Southern institutions—and hence their precipitate action. As far as we can ascertain, there was no dissatisfaction whatever manifested towards any of the Professors of the Philadelphia Schools; for, in point of fact, the Faculties of these Institutions are, without exception, composed of sound, conservative and national men, who have stood aloof from the arena of politics, and who have not in any wise been engaged in engendering the strife which now so unhappily exists between the different sections of this broad and otherwise happy land.

Identified as we are with the South by birth, by education, and in feeling, we nevertheless regret this movement, believing that in point of time and manner of execution it was unwise and calculated to result only in evil. Neither can we approve of the course of those institutions in the South which have encouraged the secession, and we can not but believe that when the matter comes to be coolly reflected on, all parties concerned will see cause to regret this whole transaction. We love the South and are ardently attached to her domestic and social institutions, and sincerely desire to see her literary and medical colleges fostered and sustained; but we do not desire to see them built up on the ruins of sister institutions, and least of all, at the expense of a sound national feeling. Nor is there, in our opinion, any necessity for resorting to sectional appeals in support of Southern or Western Schools of Medicine, as they are fully able to stand on the broad and elevated ground of merit. We have ever opposed sectionalism in medicine, and have always regarded attempts to build up medical schools on any such narrow and unpatriotic grounds, as a virtual acknowledgment of weakness and inferiority; and at a time like the present, we should be sorry to see the members of the medical profession doing any thing calculated in the remotest degree to weaken the bonds by which our glorious Union is held together; rather let the profession be the honored instrument of restoring the body politic to a state of soundness and health, and of preserving the constitution unimpaired."

DR. AGNEW'S ARTICLES ON ANATOMY IN ITS RELATION TO MEDICINE AND SURGERY.

The following remarks in relation to this series of articles, now in course of publication in this journal, we copy from the *North American Medical Reporter*, published in New York.

"The series of illustrated papers, of seven of which we have here imperfectly indicated the contents, will, if completed as so far carried on, form the best body of practical anatomy extant. Carefully reading, it wonderfully approaches—most perfectly bringing back to the mind the perhaps dimmed impressions of—*actual dissection;* while of the 'Bearings on Practice,' there are single paragraphs, to be found, as far as we know, in no printed book in the world, worth to any practitioner more than the amount of the year's subscription to the journal containing these practically truly invaluable communications. Collected in a volume, they would form, as far as they go, no unfair set-off in the English language to *Hyrtl's Handbuch* in the German.

☞ We would call the special attention of our readers to the paper of Dr. Simpson, published in the proceedings of the New York Academy of Medicine, on *Acupressure*, a new mode of arresting hemorrhage. It is to be hoped that Dr. Simpson's proposed improvement on the ligature will prove practicable, and a valuable addition to the surgical treatment of wounds in which arteries are wounded.

There is also a discussion on Diphtheria in the proceedings of the Academy, which in view of the extensive prevalence of the affection, possesses great interest at this time The mortality from this disease in New York, at this time, is very great.

Correspondence.

Providence, R. I, Jan'y 23, 1860.

MESSRS. EDITORS: In the REPORTER, of January 14th, in speaking of small-pox, you say: "Even in the cities of Providence, R. I., and Boston, Mass., with their excellent sanitary regulations, this disease enters the bills of mortality *as a steadily increasing cause of death.*" So far as this refers to the city of Providence, it is a mistake, as the following facts will show:

During five years (1850 to 1854, inclusive,) there were forty-three deaths from small-pox in Providence. The whole number of deaths, during the same period, was 5,171, which gives 8 3 deaths from small-pox to each 1,000 deaths from all causes.

During five years (1855 to 1859, inclusive,) the whole number of deaths was 4,897; the deaths from small-pox were 16, or only 3.2 deaths from small-pox to each 1,000 deaths from all causes.

It may be observed, that of the 16 deaths from small pox, during the last five years, 4 were non-residents, leaving only 12 of the permanent population, and of these, 8 were less than four years of age, leaving only four deaths from small-pox in five years, among the adult, permanent papulation of the city.

It may also be observed, that in 1859, the disease was in the city during eight months of the year, producing a considerable number of cases of varioloid, and exposing thousands of persons to the contagion; but causing the death of *only three* of the residents of the city, and these were all less than four years of age.

I am tempted to criticise your theory, "That the vaccine virus very gradually loses its power, &c.," which I believe to be contrary to the best authority, to analogy, and to facts; but I am unwilling to intrude further upon your valuable space. R. I.

News and Miscellany.

The Status of Homœopathy in Europe — In an effort on the part of the homœopathic practitioners of St. Louis to induce the Councils of that city to permit a portion of the City Hospital to be set apart for testing the merits of that method of practice, they alleged that homœopathy was sanctioned by the crowned heads and nobility of Europe, and that European governments recognized it by permitting its teaching and practice in their hospitals. In order to set the claim in its true light before the public, Dr. E. F. Smith, who has travelled a great deal in Europe, and knew something of the standing of homœopathy there, addressed notes of inquiry to the American Ministers resident at Vienna and Berlin, and to the Minister of Public Instruction of France, asking from the proper departments of these governments a reply to the following questions:—

1st. Is the teaching of homœopathy authorized or permitted in any of the Colleges or Institutions of your government?

2d. Is the practice of homœopathy permitted in any of the public hospitals of your government?

3d. Is the private practice of homœopathy sanctioned in your government?

The replies to these questions are published at length in the *St. Louis Medical and Surgical Journal.* We have space only to give the substance of them.

Count Buol, Minister of Foreign Affairs in Austria, answers:—"1st. That in Austria, homœopathy is taught, not by publicly appointed professors, but only by private teachers. 2d. That this mode of cure is practised, not in public hospitals, but only in cloister, criminal, and private hospitals. 3d. That the private practice of homœopathy is permitted to every physician who has a diploma."

Ramner, the Prussian Minister, replies:—"I have the honor to inform your excellency that homœopathy in Prussia is not admitted into the universities nor hospitals, nor other public institutions. Physicians are allowed, if they please, to exercise homœopathy in private practice."

Rouland, Minister of Public Instruction of France, writes:—"The exercise of homœopathy is not legally authorized in France. My administration has not authorized me to exercise any measure having reference to the teaching of homœopathy."

At the last meeting of the Pennsylvania Horticultural Society, Dr. A. L. Kennedy presented, in behalf of Hon. C. R. Buckalew, U. S. Minister at Quito, the seeds of three species of Gentian, from Mount Pinchincha; the *Purple* Gentian, described as many-flowered, hardy and handsome; Gentiana *Jamesonii*, a large and showy plant, which grows at the height of thirteen thousand feet, and is not yet introduced into Europe, and *Dwarf* Gentian, producing a small variegated flower, and pretty. Equador is rich in plants of this genius, at least sixteen desirable species being indigenous to that country.

The Society passed a resolution of thanks to the Hon. C. R. Buckalew for the seeds, which are placed in the hands of the proper committee for distribution to skilful cultivators.

☞ When our friends of the *New York Medical Press* have anything particularly sharp to say about the REPORTER, or about the medical schools of this city, we would be very much obliged if they would send us a copy of their journal containing it. It is a singular fact, that we are compelled to borrow *those* copies, while all the rest come to hand. It would save us some trouble if they would send them to us direct, and we promise them that we will not get into a passion about *anything* they may be pleased to say. If there is anything in regard to ourselves worth replying to, we will try our hand—as to the schools, we have nothing to do with them, except incidentally,—they are able to take care of themselves. Meanwhile, long may the *Press* wave, and improve, as it has done very much, of late.

Vaccination in this city.—The report of the vacine physicians of this city for 1859 show that there were *only one hundred and ninety-five* persons vaccinated during the year.

We see it stated that chloroform was recently administered to a young man by the name of Buffington, near Rome, Ga., for the purpose of having a tooth extracted, and that the effect was to make him blind. *Doubtful.*

New method of making Bread.—At the last meeting of the British Scientific Association, Dr. Odlein described a new mode of lightening bread. By this process the carbonic acid is produced independently of and superadded to the flour, which, consequently, undergoes no modification whatever. The carbonic acid gas is stored in an ordinary gas-holder, and is pumped therefrom into a cylindrical vessel of water, whereby the water becomes charged with gas. This water—soda water as it is commonly called,—is mixed under pressure with the flour, and the resulting dough becomes vesicular on removing the pressure; it is then divided into loaves and baked. This process is so rapidly gone through, that in an hour and a half after the first wetting of the flour, a sack of flour is made into two-pound loaves.—*Boston Med. & Surg. Journal.*

Syria as a Residence for Consumptives.—The *Lancet* says, that Mr. Farley, late British Consul to Syria, points out the many advantages of Beyrout, as a residence for consumptive invalids. Its merits are, that while the climate is genial and the air exhilirating to a remarkable degree, the temperature is unvarying, and consequently the invalid can take out-door exercise almost every day in the year; besides this, the proximity of the Lebanon range enables the residents to avoid any inconvenience which may be experienced by delicate organizations, from the two hot months in the summer season. In that beautiful region every climate may be obtained, from that of England to that of Siberia, and the scenery is of the highest order of natural beauty. The cost of living there is slight, it is readily reached, and the society is agreeable.

The Eclectic Medical Journal.—We have received a complimentary number of the *Eclectic Medical Journal*, which is the organ of the "Eclectic Medical College" in this city, and, as a return compliment, we give it the following "notice."

The first article is on menstruation, which in the first line is defined to be "a discharge from the vulva." Some clinical reports follow, in which lobelia and podophyllum are, of course, conspicuous in the treatment. The journal appears, as it claims to be, thoroughly *eclectic*, as is evident from the following headings of articles among the contents: "Biliousness," "Cough Mixture," "Arithmetical Puzzle," "Potato Cakes," "Wire and Hoops," "Preserving Pumpkins," "To make Queen Cakes," "Out Door Whitewash," "Cure for Fever and Ague," "Tea Flips," "To Keep Hams," etc.

Robert Bentley, Professor of Botany and Materia Medica to the Philosophical Society of Great Britain, has been appointed Professor of Botany in King's College, London.

The Royal Society of Edinburgh has awarded the Neill Medal to W. Lauder Lindsay, M.D., F.L.S., for his "Memoir on the Spermogones and Pigneides, Filamentous, Fruticulose and Foliaceous Lichens," which was recently read to the Society.

Solidified Cider.—We see it stated that the Messrs. Borden, of Winsted, Conn., the solidifiers of milk, have succeeded in solidifying sweet cider. It is reduced, five gallons to one, and is a jelly, which will keep without spoiling for any length of time. The addition of water makes it drinkable. It can be made also into "Sparkling Champagne."

Army and Navy Intelligence.— Assistant Surgeon Chas. G. Hollenbush, is ordered to Fort Yuma to relieve Assist't Surgeon James C. Herndon, who proceeds to Fort Mohave, to relieve Assist't Surgeon Milhau, who, in turn, is to relieve Assist't Surgeon Peter Ten Broeck at Fort Tejon. The latter is ordered to report at Washington to the Surgeon-General.

The bill introduced in the Senate by Senator Mallory, chairman of the Committee on Naval Affairs, "To increase and regulate the pay of the Navy," adds to the pay established by the Act of 1835, for medical officers each two per cent. per annum for every year of sea service. For example, a medical officer whose average sea service has been thirteen years, receives by this bill 2 per cent. per annum, or 26 per cent. on his duty pay. If that were $1,500, he would, by the rates proposed, be entitled to $1,890.

Assistant Surgeon Richard Potts has been ordered to proceed as soon as practicable to take post at Fort Cobb, C. N. On his arrival there, Assistant Surgeon C. T. Alexander is authorized to avail himself of the leave of absence heretofore granted him.

Assistant Surgeon N. S. Crowell, Medical Department, has been ordered to repair—at the expiration of his present leave of absence—to San Francisco, and report for duty to the Commander of the Department of California.

M. Brown Sequard, announces that he has distinctly observed the existence of epileptiform seizures, in many of the young guinea-pigs, which were the offspring of parents which had been rendered epileptic, artificially by him.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. E. H. Sholl. (with encl.)—*Delaware*, Dr. C. W. Jones—*Florida*, Dr. S. G. Ridlou, (with encl.)—*Illinois*, Dr. J. Roberts, Dr. E. A. D'Arcey, (with encl.)—*Maryland*, Mr. J. B. H. Jefferson, (with encl.)—*Minnesota*, Dr. J. W. Daniels. (with encl.)—*New York*, Dr. Ch. F. J. Lehlbach—*North Carolina*. Dr. H. Terrell, *Pennsylvania*, Dr. Dan'l H. Biever, (with encl.,) Dr. S. H. Thorne. (with encl.,) Dr. Thos. M. Laney, (with encl..) Dr. Geo. S. Kemble. (with encl.,) Dr. Thomas Mahon, (with encl.,) Dr. J. E. Routh—*Rhode Island*, Dr. S. W. Butler, (with encl..) Dr. E. M. Snow—*Tennessee*, Dr. A. L. Lambeth, (with encl.)—*Texas*, Dr. R. L. Sullivan—*Wisconsin*, Dr. C. C. Cundall, (with encl.)

Office Payments.—Mr. F. F. Mayer, (adv.,) Drs. C. H. Miller, J. Macavoy. S. Pancoast, J. R. Bream, H. Hartshorne, C. P. Turner, Dr. R. L. Sullivan, Dr. E. B. Shapleigh, Dr. R. H. Lee, Dr. W. Bunn, Tilden & Co., (adv.)

MARRIAGES.

HORNER—IRELAND—November 24th, 1859, by Alfred Cookman, Michael Horner, M. D., to Mary Ireland, both of Philadelphia.

JONES—DUNNING—In Dover, Delaware, Jan. 26th, by Rev. C. Cook, D. D., C. W. Jones, M. D., and Lina, eldest daughter of James A. Dunning, Esq., all of Dover.

DEATHS.

WOODWARD—On Tuesday, Jan. 24, 1860, Joseph Janvier Woodward, infant son of Dr. J. J. and Eva P. Woodward.

POSEY—The Savannah papers record the death of Dr. John F. Posey, who has closed a career of 40 years in that city.

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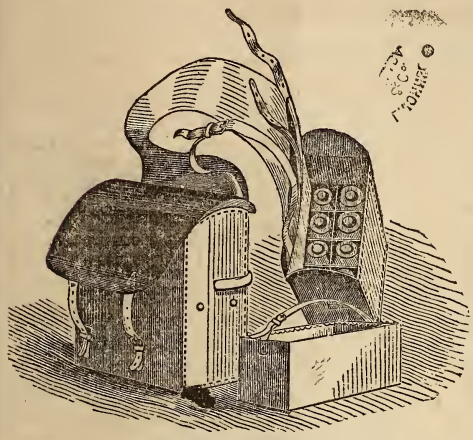

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" " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, Dec. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

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THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

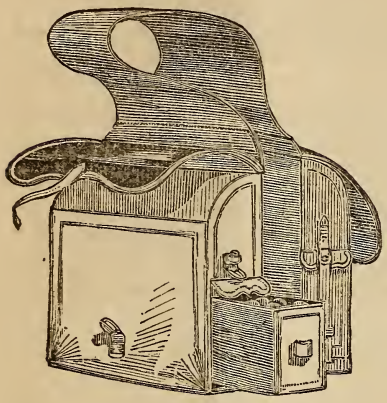

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	"	20	"	9.50
"	"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

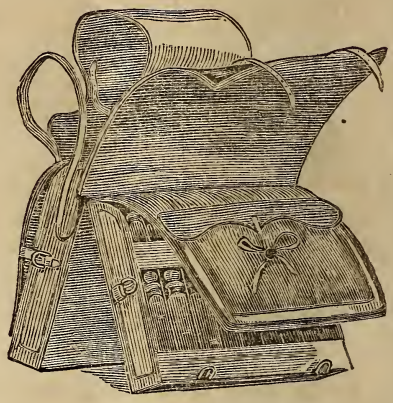

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	"	28	" 11.00

PILLS OF THE U. S. PHARMACOPŒIA COATED WITH SUGAR,

EMBRACING, AMONG OTHERS,

Pil. Cath. Comp.:
Pil. Rhei:
Pil. Rhei Comp.:
Pil. Assafœt.:
Pil. Assafœt. Comp.:
Pil. Ferri, (Quevenne:)
Pil. Ferri Comp.:
Pil. Opii.:
Pil. Hydrarg.:
Pil. Calomel
Pil. Calomel Comp., (Plummer's:)
Pil. Copaibæ:
Pil. Aloes:
Pil. Ferri Carb., (Vallet't)
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Hooper's Female Pills:
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&c.

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No 190, 1y.

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ORIGINAL DEPARTMENT.

Communications.

A Medico-Legal Review of the Case of Patrick Maude; who was convicted for murder and executed at Newark, N. J.—The Plea of Insanity.

By Charles F. J. Lehlbach, M. D.,

Of New York.

On the 28th day of May, 1859, Patrick Maude shot his sister, Mary Ann Turbett, in the City of Newark, N. J. He was tried for this crime in the October term of the Court of Oyer and Terminer, of the County of Essex, convicted, sentenced to death, and executed on January 12th, 1860. The District Attorney, Mr. Cortlandt Parker, was assisted by the Hon. Wm. L. Dayton.

The plea of insanity entered into the defence, and as the case has excited a great deal of discussion in the public prints, and is now, as it probably will be for some time to come, the subject of considerable controversy, we believe that a short review of its leading facts, with the conclusions to be drawn therefrom, will not be inappropriate to your readers.

A few days before the murder was committed, Patrick Maude had escaped from the State Lunatic Asylum. He had been placed there *by order of the same court* before which his last trial took place; a Commission of Physicians, appointed by that court, having declared him insane, when on trial for an assault upon his wife, and an attempt to take her life.

The circumstance of Maude's escape from the asylum, his journey from Trenton to Newark, New York, (where he procured a pistol,) and his return to Newark by way of Elizabethport, of his arrest after the committal of the crime, it is not necessary to detail here. Suffice it to say, that *like most insane*, who have escaped their confinement or are bent on criminal purposes, he acted cautiously and with a considerable amount of cunning and logical reasoning, to escape capture and detection.

Of the *early history* of Maude, whether there was any hereditary tendency to insanity in his family, what were his habits, his propensities, inclinations and previous diseases, little is known that would be interesting in this connection. Our information is limited chiefly to the following facts:

That he was born in Dublin County, Ireland, received a pretty good education, worked in chemical factories, distinguished himself in his art, so as to occupy positions as overseer, etc., emigrated to the United States, found employ in the chemical works in Newark, and other places; was married; got in the habit of drinking at times to excess; began to act strangely and wildly; became possessed of the idea of a conspiracy against him; finally made the attack upon his wife; was placed upon trial; acquitted, because judge, jury and prosecution saw that he was insane; was sent to the State Asylum whence he escaped; shot his sister; was captured, tried, convicted and executed.

His disposition is described by those who knew him for the last five or six years, as quarrelsome and wild, but not always so. He had intervals in which his conduct was all that could be desired.

Evidence of Maude's Insanity.

(1.) The crime for which Maude was executed, was committed as has been already stated, a few days after his escape from the lunatic asylum. Our personal acquaintance with the gentlemen who composed the medical commission examining into his mental sanity, on the occasion of his *first* trial, under the direction of the court; their high scientific attainments, and large experience, precludes the idea that they would have destined him to a residence in the insane asylum, *had they not been fully convinced of the unsoundness of his mind.* Nor do we believe that the able Superintendent of the Asylum would have retained him a day, had he been convinced that Maude was sane and that thus he could be either let free, or placed in the hands of other public officers. *These facts* afford strong *presumptive* evidence of Maude's insanity.

(2.) There is no doubt, that Maude was subject to strong *hallucinations*, both *sensual* and *intellectual*, if we are permitted to make that distinction; using the term *"sensual hallucinations,"* for impressions received by the brain apparently through the senses, where there is not the slightest *reality* of the supposed objects of the impression; and applying the term *"intellectual hallucinations"* to that condition, where the brain originates perceptions, ideas, thoughts and conclusions, that are based, either upon the sensual hallucinations, the belief in their reality, or appear to be entirely spontaneous. How far the condition of Maude's brain that gave rise to these hallucinations, was caused by real occurences, by violent emotional shocks, the repeated excitement of which led to permanent disease of the brain, or whether the disease commenced *first* in the brain and manifested itself in the morbid exaggeration, the delusive and hallucinatory view which he took of the relations between himself, his family and his fellow-men, are questions, the exact solution of which, although it would reveal the *etiology* of the disease, still cannot be regarded as a vital link in the chain of evidence; being a question of psychical pathology, rather than medical juriprudence. The *main* question in a *medico-legal point of view*, is, *whether these hallucinations did exist*, and to an examination of this point we invite the reader, by adducing the following extracts from the medical evidence given in the case.

Dr. G. Grant had examined Maude May 30th, 1859, in the county jail; his eyes were fixed, unwavering; pulse 100, full and hard; pupils dilated; his memory appeared to be good; he stated that he was born in Dublin County, Ireland, and was 44 years of age; on examining as to his motives (this was two days after the commission of the crime,) he talked somewhat wildly, accused Father C—— as the source of all his trouble; said that his sister and wife laid in with Father C—— to ruin him; "my life is embittered, my peace destroyed, and thus by their combined annoyance to me, I was rendered desperate, and though not insane, I was not entirely sane *because of this danger and annoyance to which I was subjected by them.* I am so distressed by their acts, that *I constantly hear them;* something appears to tear my brain (placing his hand upon the back of his head, always, except when I sleep *I hear them;* I am not insane; I do not wish to make any such plea (speaking very excitedly)." Upon being told what without such plea, the punishment would be, he said, "death is better than life; I am so distracted and annoyed that I do not care about living;" said he heard noises, and talking of his enemies, and had constant ringing in his ears.

Dr. A. N. Dougherty, physician to the County Jail: I knew the defendant; had seen him frequently, *prior to his being sent to the asylum;* I have seen him several times during his present incarceration; I was requested by the court to examine with Drs. Smith and Pennington into his state of mind; *found that he was laboring under the delusion that Callan, his wife, and Mrs. Turbett had made a conspiracy to take his property; he complained that he heard their voices overhead in a cell, conspiring against him, that he was the subject of witchcraft, practiced upon him by these parties.* . . . . Dr. D. considers his present condition of mind the same as when he was sent to the asylum.

Dr. J. Henry Clark, gives his opinion that he considers Maude insane; looks upon him as laboring under a hallucination which has directed his conduct in the past.

Dr. Lyndon A. Smith made an examination of Maude, and thought *that he labored under a delusion;* he spoke of a *conspiracy against him to get his property and destroy it;* Dr. S. considers him as *still laboring under that delusion;* thinks him a remarkably strong-minded man in every other respect; should judge that Maude knew right from wrong, as well as any one.

Dr. H. H. Tichenor: I visited Maude the second day after his arrest; think it was on Monday; I

examined his pulse; saw no symptoms of disease of the brain. He appeared a little excited, and his pulse was somewhat accelerated. I saw him on the night of his arrest, and he exhibited no signs of insanity. He said that if the person who shot Mary Turbett had shot Father Callen and a few others, the city would not have been disgraced by it. He complained of being sent to the Lunatic Asylum instead of to the State Prison for a limited time. He spoke about his having been employed at the Chemical Works. Said his wife had allowed his property to be sold, and that the powder had been in his pocket since he shot the old woman. Saw no delusion about him at that time, and did not think him insane. When I visited him at the Jail my opinion was somewhat changed. His thoughts were collected and his memory good. He said, after some general conversation, *that there was a heavy conspiracy against him, and that he could hear the voices of the conspirators in the cell above him. He said he had a roaring in his ears; said he knew for what he was imprisoned. He said the conspirators intended to bring him to the gallows, and he supposed they would do it.* His property was gone and his wife was not of much value to him. The conversation was conducted mostly by questions and answers. I put questions to determine his delusion, if he had any. I thought he was capable of judging between right and wrong. He made some remark about the injustice of the laws, and the manner in which he had been treated. In my last interview I formed an opinion that he was laboring under a delusion which might to some extent lesson his responsibility.

Dr. BUTTOLPH, superintendent of the State Lunatic Asylum, at Trenton, testified that Maude was apparently sane on all subjects, *except this conspiracy;* that it was necessary oftentimes to keep him in close confinement *on account of his excitement on this subject;* Maude's conversation while at the asylum, on all subjects, except this alleged conspiracy was rational; Dr. B. thinks that he reasoned with himself that *if he killed his conspirators he would be acting in self-defence, and would be justifiable;* he frequently threatened the lives of his *conspirators*—sometimes as satisfaction, sometimes as revenge; *his case was a species of monomania;* Dr. B. would consider his insanity as consisting of his delusion on this conspiracy, and the overaction of his revengeful feelings for being sent to the asylum; the state of Maude's mind, while in the asylum, led Dr. B. to consider him a *partially insane* man; his opinion was that he would never be otherwise; *his partial insanity* was owing to the delusion on one subject, the conspiracy against him; he always appeared rational on all other subjects.

(3.) But aside from the opinions above expressed by the medical witness, *as experts,* their simple statements as intelligent men, are strong proofs of Maude's insanity. Dr. Dougherty states that Maude believed himself under the influence of witchcraft, practiced upon him by his conspirators. (Intellectual hallucination;) This is not a mere superstitious *belief*—but became in him a hallucinatory *reality*, when he hears his enemies converse and plot above his cell. (Sensual hallucination.)

These facts, with the incontrovertable evidence that Maude believed, lived, and, as the progress of the case shows, *died*, in the hallucinatory idea of a conspiracy against him, are of the utmost importance. A man who hears his enemies loudly and often angrily converse, when all is quiet; who believes in the reality of these hallucinations; who has noises in his ears, and a tearing pain in his back; who believes himself the victim of witchcraft and inquisitorial conspiracy, must be considered as insane, and his acts cannot be looked upon as the result of free agency.

(4.) Maude possessed that characteristic of insanity, which is always present when the disease is hallucinatory, namely, *a strong, even passionate aversion against being considered insane*, so prominent was this trait in his case, so shrewd, *apparently*, and logical was his reasoning, that one of the chief grounds upon which the prosecution rested its demand for a verdict of guilty was, "that it would be strange to acquit a man on the plea of insanity, who evinced the acumen and skill that he did on the defence."—(Mr. Dayton's speech.)

Maude insisted on conducting his own trial, during the whole of which he protested against the proceedings of council appointed for him by the court, looking upon them as hirelings of his conspirators, and their plea of insanity for him, as a gross outrage upon him, prompted by his supposed enemies. As specimens of his psychical condition, we make the following extracts from the report of the trial, preserving the order of their occurrence; they will show:—

(5.) *Insanity in his general conduct.*

"W. L. Meeker was the first Juror called, and on taking the stand, was asked by Maude if he was a citizen of Newark.

Juror—Yes.

Maude—how long have you resided here?

Juror—Forty years.

The prisoner then proceeded to question the juror further, when he was stopped by Judge Ogden, who told him he had the right to challenge, but not to question the jurors.

Maude—*No man can sit on my jury who has taken part in or has heard of an inquisition held on my death by Father Callan, a Catholic priest. This inquisition was held, but it is unconstitutional and has made me a proscribed man.*

The Judge endeavored to explain to the prisoner his rights in reference to challenging persons.

Mr. Gifford said the prisoner desired to question the jurors in reference to their cognizance of the affair.

Maude—Mr. Gifford, I have my own case in hand, and I want this question answered fairly. I am a proscribed man, and no longer an American citizen—therefore I have returned my naturalization papers."

"Mr. F. H. Teese, one of the counsel, having asked a question of a juror, Maude said—'You are no counsel of mine, Mr. Teese.'

Maude said his object in questioning the jurors had been to show that the inquisition to which he alluded had been held contrary to the Constitution.

The jury being all sworn, C. Parker, Esq., opened the case on the part of the State. He said the prisoner at the bar was indicted for the murder of Mary Turbett, on the 28th of May last, and he then proceeded to define the different degrees of murder, and commenced to review the evidence to be produced in this case. He alluded to the fact that Maude had threatened to take the life of his sister and wife, and two others, (*Maude interrupting—'Connected with the inquisition, say,'*) officers of the State. He traced Maude from the Lunatic Asylum, after his escape therefrom, to this city, reviewing the details of the tragedy, and the arrest of the offender. He then proceeded to speak of the decisions in relation to the plea of insanity being made available—when he was interrupted by Maude, who said, '*You need not read that Mr. Parker, I will not go on the plea of insanity for you nor your jury.*' Mr. Parker read the law on the subject, and concluded by stating the reasons for the presence of the Attorney-General."

We next come to the opening by the defence.

"The defence was opened by Frederick H. Teese, Esq., who said he was counsel for a prisoner accused of murder, [here Maude said 'you are not my counsel,"] and one who would not communicate with him. He remarked that the prisoner was a strange man—not to say insane. It was the duty of the jury in order to convict him, to find that Mary Turbett came to her death by a pistol shot from the prisoner. If they should find that he was the means of her death, they should acquit him on the plea of insanity. (Maude said: '*I will not allow the plea of insanity—it is a conspiracy.*') Mr. Teese referred to the case of Spencer, and read a decision relative to insanity. He should try the case according to law. (Here he was interrupted by Maude who said: 'You are not proceeding according to law.') The State, Mr. T. continued, claimed that Patrick Maude had fled from the lunatic asylum, come to Newark and killed his sister. Under the same circumstances, had he made a will and died, the Court would render it null and void, claiming that he was insane. Now the same law would necessarily be brought to bear in this case. Persons under the influence of insanity very often thought their nearest relatives and friends had conspired against them, and though conscious of the crime of murder, they were impelled to kill them. He referred to several cases in England and this country illustrating this. In my judgment, he said, the true question to be answered by the jury is: 'Was the prisoner insane or not at the time he committed the deed.'

"The prisoner was once a man well to do in the world. About seven or eight years ago he lost his property.[1] Brooding over his losses he had become insane on the subject, and concluded that his wife, sister and nearest friends had conspired against him. [Maude said, 'How do you know?'] He made an assault with intent to kill, on John Connelly, and on being tried was found to be insane, and accordingly sent to the lunatic asylum. On getting out he thinks an inquisition has been held against him by Father Callan, Judge Haines, Mr. Parker, his wife, and deceased sister. An inquisition was held, composed of several physicians, in order to remove him to the asylum—but not a Spanish inquisition, as his insane mind had supposed it to be. Since that time he has raved on this inquisition or conspiracy, as he thinks it was. Mr. T. referred to the case of Margaret Garrity, who was insane, yet never had given half the proof of it as in the present case. Maude is an insane man in every sense of the word [Maude here said, 'Prove it if you can,'] and I leave it for you to do him justice.

"During the whole of Mr. Teesse's remarks he was interrupted by Maude, who rupudiated the idea of being sent to the lunatic asylum."

[1] This needs explanation. A gentleman, perfectly conversant with the matter, states to us that it was simply thus: When Maude had married, his wife owned a house worth about $3,000, upon which there was a large mortgage. Maude subsequently went to work in Pennsylvania, coming home once or twice a month, sometimes oftener. He took to drinking, and did not save his money, quarrelled when at home, and often destroyed furniture, etc., about the house. His wife, who kept a store, was unable to pay interest on the mortgage, a forestallment finally took place, and the house was sold. This is the whole *real* foundation to his *insane* idea about the loss of his property, the conspiracy, the inquisition, the witchcraft, etc. L.

We omit the testimony of various witnesses, whom Maude cross examined in a similar manner as he did the jurors, and constantly interrupting the proceedings.

Next follows Maude's speech on his defence, which is by some looked upon as a strong proof of his *sanity*, because he succeeded in not introducing his hallucinations into it, argued the legal points with apparent logic, and especially because in it he plead so earnestly in behalf of the soundness of his mind.

"REMARKS OF MAUDE,—Maude then arose and said that he wished to make a statement to the jury. He said this trial was one for life or death, and the question of sanity or insanity had nothing to do with it. The jury were to decide him guilty or not guilty of the wilful murder of Mary Turbett. If there is evidence enough to warrant you in finding a verdict of guilty do not perjure yourselves. If there is not evidence enough, the verdict must be, not guilty. There is no half way house between the two—it must be either the one or the other. The prisoner then alluded to his challenging the jurors, and said he believed they were competent men or they would not have been selected. He then commenced to review the evidence. Dr Dodd had testified that the bullet found during the post-mortem examination was conical, which I take to mean that it was in shape like a heart. The other doctor said the bullet was round and produced it in Court. It makes no difference what was the shape of the bullet, whether it was a square bullet or triangular, so long as it caused death; but it makes a difference in the evidence. Dr. Dodd also stated that on the morning of the 29th of May he was at the station house in conversation with several gentlemen, and he said that the Hon. Judge Waugh, on that occasion, made the remark that Courtlandt Parker, Esq, had acted very wrong in sending me to the lunatic asylum, that he ought to have sent me to prison until I became insane, and then sent me to the asylum. The first witness called, I believe, was Patrick English, who testified that he saw a man on the night of the death of Mrs. Turbett in Downing street, and that he wore dark clothes and a straw hat. Many people dress in that manner. He saw the man running but he could not say it was me. About the same time he saw a colored man who appeared to come out of Turbett's store, and after going a short distance with him he returned to the store and found it in darkness, and said that Mr. Turbett was then looking for a light. I boarded in that house some two years and I know the position of the place exactly. (Maude then described the arrangement of the house and store, the location of the doors, &c.) One witness said that all the doors were open at the time the shots were fired. The man who shot Mrs. Turbett, no matter who he was, could have stood in the parlor as well as at any other point. From the parlor he could even hit the beer pump near which it is testified that she was standing. Mr. Abraham Turbett was the first man found in the store after the occurrence, and yet he has not been summoned here as a witness. Why is this? The prisoner then reviewed the evidence of Mrs. Haywood. She was present in the store when the shot was fired, yet she saw no person fire it. It must have been fired in the house because there were no windows broken. Mrs. Lewis said she saw a man step from the stoop, and that he was dressed in dark clothes, but although she testified that he passed, I believe, within three feet of her, she did not know him. The rest of her testimony in relation to the manner in which the body was found, it is not necessary to allude to. Mr. Jones is the only witness who has testified to seeing me at that time. He states that himself and two or three others were standing on the corner of Jefferson and Market streets, when a tall man in dark clothes and straw hat came up and caught him by the arm and said 'boys take me to the depot, or show me to the depot,' and that after the man had passed he exclaimed there is Patrick Maude and he ought to be arrested, for he had escaped from the lunatic asylum and his poor wife was hid from him for these two days. In his evidence he said he had known me for ten years. That is true, and perhaps for a longer period. Now, is it likely that I, having known him for so long a time, would come up to him and say, 'Boys take me to the depot.' I believe, I know the way to the depot as well as any one in Newark. This witness testified that he had never heard anything derogatory to my character except what had been said to him by my wife. He admitted that he rented a pew in the church in partnership with her. I make no comment on the evidence. Patrick Ravey testified also. I knew him very well, have gone to his store frequently when I resided here. He testified that he arrested me, and that I was walking leisurely along at the time in Commerce street, within fifty yards of Mulberry street. The constable that was with him said when he first saw me I appeared to be emerging from a hiding place like a murderer, and that I seemed to be trying to skulk away, and look which way I would run. Ravey wore his own coat but the constable wanted his epaulettes on. He then reviewed the evidence of police officer Stanley, who found the pistol in the yard of the Gas Works, but did not know where such works were situated. He said one barrel of the pistol was cocked, but not loaded, and that he did not know whether the other barrel was loaded or not. Then the man from New York who sold a pistol to a man he thought was me, did no

state that the pistol produced here was the one he sold, and he said the man that bought the pistol had a beard. It was the rule in the asylum to shave the inmates twice a week, and in some of the halls three times. Where I was during the latter part of my confinement they shaved three times a week. Therefore I could not have had any whiskers when I escaped. I have not been shaved now in four months, and consequently did not appear as it was said as outlandish as I do now. Outlandish is not an American phrase, neither is it an English one. It is an Irish slang word. I do not want to run down my country, but there are bad men of all countries, probably this man learned that phrase before he came over. The prisoner then alluded to his first trial, and the fact that he had been declared by Dr. Dodd to be perfectly sane on all points but one. The chief of the slaughter house (asylum) had alluded to a stone tied in a handkerchief that I had to use while there (our reporter could not understand at this point whether the prisoner said that he had struck any one with the stone or not). In the fall of 1858, when at the asylum, I was allowed to walk every day for an hour or so in an outer hall, and while there on one occasion, I had some hickory nuts. I took a stone in my cell with me to crack them on the window sill. This stone remained in my cell for a long period. On the first day of January, which was a Saturday, I believe, I refused to bathe in cold water, it being the custom for all to bathe. The water was bitter cold, and I would not endanger my health by bathing in it. On the 8th of the same month, which was also Saturday, I refused again, and when they attempted to force me I used this stone, tied in a handkerchief, in self-defence, though I did not strike any person with it.—I was put in the hall among the maniacs, who were in there native skins. I was possessed of my senses and I declare truly that I did not sleep 48 hours out of the whole time I was there, some two or three months. I was no insane man, and am none, but they were determined to make me insane. I do not go on the plea of insanity. I don't want it adduced in my behalf. I must be cleared, if cleared at all, on other evidence. Insanity has nothing to do with the case. If I am to be tried as to sanity it must be at a separate trial; the two should not be mixed together. If you are satisfied from the evidence that I am the man who committed this crime, then you must bring in your verdict of guilty, but if the evidence is insufficient you must make your verdict 'not guilty.' It is no murder in the 2d degree. It is either to be wilful murder or nothing. I have not read Kent and Blackstone, but I believe the law on this point is as I state it. There is no evidence to prove that I was seen in the house, by the house or in the street when the murder was committed, with the exception of Jones, who says I have known him for 10 years, and that I addressed the party he was in as "boys." I will not detain you with any remarks; I have merely went over the evidence as it has been produced here. Gentlemen of the Jury, I leave the case in your hands exactly as it is. You will find a verdict of guilty or not guilty, just as you believe the evidence to warrant. Do not perjure yourselves. Do justice in the eyes of God and the world."

The prisoner delivered the foregoing remarks in a clear voice, and spoke slowly and composedly. There was no excitement in his manner and actions.

Compare however his speech after the conviction, before receiving his sentence, when the dread of being pronounced "not guilty on the plea of insanity," was no longer before him, forcing him to restrain and conceal as far as lay in his power, the true condition of his mind:

"Though it will make little difference what I say, I will speak, for this is an execution, or rather a crucifixion. My child was sacrificed and murdered by Mr. Turbett, Mrs. Turbett, my damned wife, and others. This is what caused my first assault on my villian wife. She and Courtlandt Parker, the prosecuting attorney, made the trick against me; he was a Pharoah, and now wants to make me a Pontius Pilate. An inquisition was held on me by Parker and Father Callen. I am tortured by witchcraft from my damned family. All the insane maniacs in asylums are made so by witchcraft. I'll ask no pardon, and will accept none from Govenor or President. I've done no wrong; what I did was in self-defence. I was brought here before for the first offence in my life. I plead guilty, but got no mercy. I was sent to prison as an insane man, for life. I say here, I'm not insane, you can execute me, but I'm not insane. Charley Gifford was my counsel, but he, while addressing the jury received something on his back, which made him say to the jury, 'he must be executed, he must be convicted.' All I ask is, that my body may not be given to my relatives, for they are devils; nor to the doctors for dissection. In passing sentence do not pray for me; I pray to heaven for vengeance. Now pass your sentence."

Not content with making the above speech, he frequently interrupted the Judge while he was passing sentence, with such expressions as the following: "You needn't go over the evidence." "Witchcraft is against the law of God and man." On Judge Ogden concluding the sentence, Maude glaring fiercely and with set teeth said, "Don't pray for me. I pray for vengeance to Jesus Christ. I'll allow no priest or clergyman to come near me, I'll maim him if he does."

And now the last articulate outburst of his diseased brain; his remarks to the jailor, on observing the scaffold, on Thursday morning:

"You need not be afraid of me for you cannot bully me down by the sight of a gallows. I prefer to be executed, for I have suffered everything but death in that cell. I have suffered more than death through my family by witchcraft. This morning, when I awoke—for I slept well last night—I saw my wife, who tormented me, as well as Turbett, who receives a weekly salary from Father Callen and Courtlandt Parker to torment me, through witchcraft. Jesus Christ was tormented by the Jews, the Gentiles, by Pharaoh, and I am by Turbett, his wife, and that d—d witch that lives in Van Buren street. When Turbett came to this country, I supported him and his wife for five months, till they got $600 from Father Callen, and $750 from Courtlandt Parker, which makes $1,350, to condemn me, for which I am to be executed to-day.

"The Jury perjured themselves. So did the witnesses, and they have robbed me through their damned witchcraft. Three years ago they murdered my child, as sweet a child as there was in America. When I returned with my horse and buggy—for I did not know it then—did not Turbett take the child by its little hand, and with the other grasp it over its mouth and plunge it in a crock of water and smother it? The marks were on its face. Don't they persecute me all the time with their damned witchcraft? I have peace with God through Jesus Christ, for I suffer as a martyr through the damned witchcraft. Let it go through England that America is ruled by witchcraft; when the prisoners leave here, all that can must leave the country, for you all are the victims of witchcraft. It has been told me so."

Then the speech, immediately before his execution, of which the following is but a poor synopsis:

"Now, you all have assembled together here to witness an American crucifixion, though you can call it an execution. I was placed a prisoner here, not by the law of your land, but by the Pope, by your Popish priests, and by infernal witchcraft. Turbett's wife was bound to destroy me; she was backed up by the priests and the whole Popish Church. What is that Church? What is its history? I will tell you something about it, if I can have time." (Turning to the Sheriff, he said: 'Are you going to give me time?' and received an affirmative answer.) "I'll let you see I'm no fool, and am not ignorant, though a poor hard-working man. I've read history and poetry; I began with Plutarch's Lives, and read all about Romulus and Romus, and next about Julius Cæsar, and a greater man than all the rest, namely, Dioganeus, (Diogenes.) I read, too, about Charle-ma-gene. Rome was once a great city. It was greatest in the days of Julius Cæsar, but 300 years afterward it submitted to the Pope. Yes, *submit* is the word, and that's what you're all doing here. You are all submitting to priesthood and witchcraft. You are all slaves—black and white. The Bible was made, like a lawyer's indictment, with every other line framed to slaughter men. One Bible was first gotten up; then another and different one was made by the Council of Nice; then another was made at Trent. There are three Bibles—which of them is true? Then, in the fifteenth century, the reform started up.. All the great reformers were heads of the Catholic Church, who were mad because they couldn't be Popes. There were Luther, Calvin, and Knox; each one made a Bible—that makes six Bibles. Then there was Henry the Eighth, he started a reform in 1512. Oh, we read Goldsmith and Hume! I'll let you see I'm not a fool. Henry was driven on by witchcraft—just as I am. I am impelled by witchcraft, just as the steamer is driven through the water. Henry the Eighth's minister, Cardinal Wolsey, was the greatest man of his time, and the most powerful, except Philip of Spain. When he wanted to be Pope, Philip wouldn't let him. He couldn't revenge himself on Philip, so he murdered Philip's sister—Catharine of Aragon. I stood in my cell, the other day, and asked an old Dutch patriarch, who came to see me, whether all this was not true? I asked him how they could say 'improved and revised' on the title-page of the Bible, if it was God's word in the first place? He said: 'I know it, Patrick; they all make mistakes. You ish a martyr. God help you!'

"Until the seventeenth century there were no poor-houses and charter-asylums in the old country, no paying tithes to priests. They were better off then. Now everything belongs to the necromancers. The priests and the law drive the landlord and the laborer to the ale-house. All the agents were lawyers, doctors, and priests. The working-men used to have snug little houses, and few were transported, or had to come to America. Then the necromancers came in and ruined everybody Then poor people took to thieving and crime. You are all slaves—whether in or out of jail—all damned by the rule of necromancy, and lawyers, doctors, and priests." [At this juncture loud shouts and laughter were heard outside the jail.] "I landed in New York. Come up here, Bishop Hughes! Come up here, Henry Beecher Stowe, who wrote Uncle Tom's Cabin! You are both heads of churches. Is there any man from Kentucky here?—if so, come up, and I will count slaves against you. Take the poor-houses and prisons on Blackwell's Island, and the asylums—which ought to be called slaughter-houses—and your Connecticut factories These are full of your north-

ern slaves. Come on you d—d necromancers! you can make little by executing me. Don't think that rum-drinking or religious excitement fills your asylums. It is done by witchcraft—by lawyers, doctors, and priests—those three engines of Satan. They have women for their machines. The women are not so much to blame. They are spoiled by priests in their childhood. Then the doctors help them to produce abortions and wholesale murders. They kill their fathers, mothers, and brothers, and drive men to suicide and asylums. I'm telling you the truth about your country. They shut up rich men for their property. Everybody wants an office in this country. The professional robber is a fine gentleman. Here they butcher men like hogs. The poor laborer is led by d—d prostitutes to take rum, and then shut up for life. Europeans, clear the country! Go home to Europe, where your life is safe. You know the inquisition held over me. Dennis Clary and my d—d wife murdered me. I was driven to this by the witchcraft of my d—d family. The first assault I made, they shut me up in a mad-house for life, and thought they had smashed my figure-head. I got out from that slaughter-house, and then Clary and my wife still pursued me. I prefer death to being locked up in yon cell. Life and liberty are no use to me. I was hunted like a wild beast in Bethlehem. I was thirteen years in England, and as many more in America, and not a man could say I injured him. This is not an execution, but a crucifixion. When Charley Gifford [his counsel] said 'God protect you' to me, he perjured himself. Courtlandt Parker [the prosecuting attorney] sent Andy McConnell to take my life. I have faith in Almighty God for forgiveness. I have injured no one, but am chased by witchcraft.

"Almighty God! look down upon me, and see what I suffer, and forgive me. But, O God of justice, take vengence on my d—d family, who have bewitched me! Jesus Christ, look down from heaven, and see how they murder people in asylums, and witness the abortions of the doctors! O, may the vengeance of an all-wise, all just, and powerful God fall upon them all!

"This country will be destroyed, as were Jerusalem, and Tyre, and Sidon, and Sodom, and Gomarrah. Poole was a d—d villian to rob me of my property on Broad street. He is now in hell, for he died a raving maniac. Turbett's wife told me she would stand by me, even if I killed her, and so she did; for I heard her voice the first thing this morning, saying: '*I have you now!*' May God have mercy on my soul!"

(6.) As the last link in our chain of *facts* we adduce the following "record of the post mortem appearances in the brain of Patrick Maude," the original copy of which with signatures was kindly furnished to us by Dr. Grant.

"The examination was made five hours after the execution. Present—Drs. Dougherty, Coles, Grant, Cross, Richmond, Mills.

The face was pale, not ecchymosed nor congested; the pupils, which were dilated immediately after death, had contracted in a marked degree; there was a deep discolored indentation on the right side of the neck made by the rope, the knot having rested under the ear of the opposite side. The skull, in shape, was compressed laterally. There was no unusual amount of congestion in the vessels of the scalp. On removing the calvaria it was found thick and condensed, as in a state of eburnation. The dura-mater was adherent very generally to the arachnoid membrane, *and attached to its inner surface on the right side, over the middle lobe, about an inch and one eighth from the mesial line, was a fibro-cartilaginous tumor, about the size of a pea, which fitted into an indentation on the surface of the brain.* There was considerable sub-arachnoid effusion and apparent thickening of the arachnoid membrane. The Pacchionian bodies, were, as observed in many cases of insanity, enlarged, and had by their pressure produced absorption of the overlaying dura mater, rendering them perceptible, both to touch and sight the moment the calvaria was removed: the substance of the brain was apparently in a normal state.

(Signed) ALEX. N. DOUGHERTY,
G. GRANT,
A. M. MILLS,
J. A. CROSS,
JNO. B. RICHMOND.

We have seen the dura mater of Maude, with the tumor attached, together with portions of the brain ourselves, and as far as this goes, can fully corroborate the above. The tumor at its base was at least one-fifth of an inch in diameter, of a conical shape, and from base to tip measuring about one-fourth of an inch. The pia mater and arachnoid in those portions of the brain which we saw, presented an opaline appearance. The post-mortem examination leaves no doubt *that Maude's brain was in an abnormal condition.*

The foregoing *facts* inevitably lead to the following conclusions:

1. That Maude was suffering from disease of the brain, manifesting itself in sensual and intellectual hallucinations; that he believed

these hallucinations to be real, and hence was insane.

2. That his chief hallucination consisted in the firm belief of a conspiracy and an inquisition instituted against him, and the firm conviction that certain persons were practicing witchcraft upon him; that this hallucination dated back prior to his *first* trial; and that he looked upon his sister whom he murdered, as one of the leaders in that conspiracy.

3. That the crime for which he was executed was committed by him under the influence of his hallucinations. But as

4. An act committed under the influence of sensual or intellectual hallucinations, precludes the exercise of the free will, and is never looked upon as the result of free mental agency, and hence not punishable (except in drunkenness, where the hallucinatory state has been brought on voluntarily)—hence

5. The execution of Maude—*the insane*—must be looked upon—harsh as the expression may sound—as a judicial murder.

These conclusions necessarily lead to the question, why was the plea (or we should say the *fact*) of insanity unavailing in the case of Maude?

The first and foremost reason for this, is to be found in the application of the legal dogma, that a man, *knowing right from wrong*, is to be held responsible for his acts, *though he be insane*. This legal dogma is still sustained in all our codes, though long abolished in France and Germany as incorrect, though it has been demonstrated to be false by the highest authorities and men of the largest experience, and has been disregarded in many cases by judges here as well as in England. It is shown to be false by the fact that insane men, not only exceptionally, but in the immense majority of cases, are capable of distinguishing between right and wrong, not only in the abstract, but often even in regard to the particular act of violence for which they are tried. It is not necessary to enumerate the many cases in which the most enlightened judges have set aside this test, and where persons have been acquitted on high criminal charges, as *insane*, though they "knew right from wrong." The books abound in such cases.

From the extracts of the medical testimony which we have given, the reader has seen that, while all medical witnesses testify, more or less strongly, *that Maude was really suffering under insane delusions or hallucinations*, they are also unanimous in expressing their belief *that Maude knew right from wrong*. This, of course, under the dispensation of the right and wrong test, was the guide-post pointing to the gallows. In vain do we look in the medical testimony for some *qualification* to the affirmative answer, when the question was asked, whether Maude knew right from wrong; some *statement* on the part of the medical witnesses to the effect *that Maude knew right from wrong*, "AS MOST INSANE PEOPLE DO," a scientific *fact*, so well established, that Maude was entitled to its benefit, and the omission of which renders his trial incomplete.

It may be objected, that it is not for the medical witness to volunteer testimony; that it is not his business to state the *fact*, "that most insane people know right from wrong," but that his simple duty is to answer "*yes*" or "*no*." We do not wish to argue this point any further than to state our conviction, that, while the physician is bound to state the *whole truth*, the *whole* truth is *not* conveyed to a jury, *without* the qualification that the knowledge of right or wrong is no test of sanity. This statement made, let judge and jury take care of it.

Another reason which contributed to the failure of the plea of insanity in Maude's case, was the introduction of that unfortunate term, "*partial insanity*." "Partial insanity" is a convenient term to signify the limited symptoms of the *disease*, and with this meaning may be safely used among physicians. But on the witness stand the physician is not asked whether *all the symptoms* were present in their most *acute* form, but whether there were sufficiently marked symptoms to justify a diagnosis.

Some time ago a case happened where a Quack was prosecuted for having inoculated small-pox in several persons, instead of vaccinating. What would we think of a physician

who should testify that one of the patients had only "*partial small-pox,*" because in his case there were but a few pustules. *The manifestation, the symptoms* were partial, not the *disease.* A man *insane,* is *insane,* and the idea that the human *mind,* the functions of which are so much more *complex and depending upon each other,* as the brain of man is superior to the nervous system of the lower animals, can be totally deranged in *one particular,* and leave all the rest perfectly intact, is contrary to sound reasoning as well as experience.

However, we do not wish to lengthen this paper by going into an argument. We have stated the *facts* in Maude's case, drawn our *conclusions,* and shown the *reasons,* why the plea did not avail. If the *facts* which we have stated can be proven to be *false,* the *deductions* therefrom *illogic,* let it be done. Until then we are more than ever willing to adopt the language of Dr. Chandler R. Gilman :

"The law must not continue this already too long catalogue of judicial murders. The law must not keep in her rusty armory a test of sanity, which every man who has any knowledge of the subject knows to be vain and futile; the law must not keep this relic of an unenlightened age by her, to be brought out, as whim, or chance, or the feeling of the hour may dictate, to slay those whom the Almighty in his mysterious, most mysterious Providence, has visited with a disease, compared to which all other and mere physical diseases are but as nothing. Such beings, instead of being dragged to the scaffold or thrust into the prison-house, should be hallowed by their great misery. The heathen worshipped the tree that had been struck by lightning; let not Christian men be found less easily moved to sympathy with human sorrows."

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Effects of Artificial Light on Vegetation.— A correspondent of the *London Builder* says : "I planted vegetables in a place where daylight could not penetrate, over which I suspended a paraffine oil lamp, with a reflector to throw the light upon the plants. They have grown up a beautiful dark green. I have also lighted a greenhouse with lamps every night, and find it not only increases vegetation, but gives a beautiful deep tinge to the plants."

Case of Extensive Epithelial Cancer.

By S. R. Morris, M. D.
Of Philadelphia.

The patient, Mrs. C. S., aged thirty-five years, was born of parents who suffered from no malignant disease, and had two healthy children the youngest of whom was more than five years of age. When the youngest child was two years and one month old, in the month of November, 1856, Mrs. S. was attacked with an intolerable itching about the middle of the right labium, which continued without appearances of inflammation sufficient to attract particular attention. There was no soreness inside of the labia or vagina, but she at times had a slight leucorrhœa. After the itching had continued a few weeks, a small crack or fissure made its appearance on the middle of the right labium, extending through into the sub-cutaneous tissue. In a few days it had extended in a straight line as high as the upper commissure. From thence, at a right angle it passed over the urinary meatus into the left labium. At the place of crossing the upper commissures it appeared to involve the tissues more deeply than at any other point in its course. The edges of this fissure soon became thickened and indurated, and as far as the inflammation extended the skin assumed the appearance of numerous small vesicular elevations, arranged closely in contact, yet sufficiently distinct to represent each elevation in its structure as independent of the surrounding ones; the whole taken together having the appearance of the spawn of fishes, in which condition they remained with very little change until the 5th of November, 1858. At this time an operation was performed by Dr. D. H. Agnew of this city, who extirpated an epithelioma situated in the commissure above the urinary metus, and involving a portion of each labium, all of which was carefully dissected away. The wound made in this excision healed very kindly and completely in about six weeks after the operation, the parts surrounding the cicatrix appearing perfectly healthy.

The general health of the patient was then much improved, and she thought herself completely cured for four months. At the expi-

ration of this time the disease made its reappearance, involving first the cicatrix of the operation, with the same symptoms and pathological appearances as described of its original commencement. From the cicatrix the disease extended upward involving the mons veneris, together with the inguinal lymphatic glands and the lower third of the abdominal parietes situated between the pubes and umbilicus. It also extended downward, involving the whole of each labium to its termination in the perineum. The vagina was also in the same diseased condition in its whole extent up to the mouth of the uterus, and its cavity so nearly obliterated that it was with great difficulty and care that the finger could possibly pass to the mouth of the uterus.

The patient informed me that her disease had been disposed to remain in rather a dormant condition until last July, at which time she placed herself under the treatment of a quack, who applied stimulants to the diseased parts. She very soon discovered her error. The small vesicular eruption before described changed into a dark purplish color, and grew rapidly into large irregularly shaped tubercles attended with paroxysms of excruciating pain. These nodulous excrescences soon degenerated into numerous phagedenic ulcers, attended with a profuse discharge of sero-sanious matter of the most offensive character, which prostrated her and obliged her to remain in bed until the 12th of January, 1860, which was the day of her death.

About ten days before her death the discharge from the ulcers already described, changed to the appearance of purulent matter, and the crassamentum of the blood, broken down together, and from the time of this change of the discharge the pain continued less severe, but prostration hastened more rapidly and continuously until dissolution. A post mortem examination was made on the 14th inst, and an immense specimen of epithelioma, including the rectum, vagina, uterus and its appendages, together with the extensively diseased external parts, was carefully dissected away and presented with a history of the case to the Wistar & Horner Museum of the University of Pennsylvania.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JANUARY 25TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Diseases of the throat.—Laryngitis.—This patient, a female, was seized with acute laryngitis a week ago, from exposure to cold. The intonation of the voice became shrill, and afterward the voice was entirely suppressed. She is somewhat predisposed to the disease, having had two previous attacks.

Treatment.—Syrup of squills and tincture of lobelia, equal parts, dose a teaspoonful; mustard poultices to the larynx; purgatives and foot baths. She has greatly improved, and is now able to speak without much difficulty.

Pharyngitis.—This disease has been prevalent lately, and several patients in the hospital with other diseases have been attacked with it. It is most frequent in the winter months, and is sometimes epidemic, known, as a variety of the *grippe*, or influenza.

By the term is implied an inflammation of all the portions of the throat which are visible. It is not always accompanied with laryngitis. It presents certain peculiarities which are easily recognized: husky intonation of the voice, thickening of the uvula, half arches and tonsils. The acute variety presents a somewhat different set of symptoms from the chronic form, but the sound of the voice is nearly the same in both. In a violent attack of pharyngitis the color of the parts is a bright red: in chronic pharyngitis, dull red. When accompanied by laryngitis the voice is sometimes entirely extinguished; this may occur from two conditions of the larynx,—ulceration, and thickening of the mucous membrane. This thickening may be permanent. In one case which I knew, the voice was suddenly lost, and in 40 years has not been recovered.

Case 1st.—This patient has been in the wards with pleurisy. He was before you on one occasion. Since then pharyngitis has been developed; there has been fever and loss of appetite. There is pain on swallowing and tenderness of the throat on pressure. The suppuration and spontaneous discharge of an abscess in one tonsil have been followed by relief of the more urgent symptoms. At one time the oppression of respiration was excessive; and the patient, as they are very apt to do in an acute attack of the disease, thought he was going to die.

The treatment has been saline cathartics, and ice internally ad libitum. He has gargled the throat moderately; but in acute pharyngitis, from the pain

which it occasions, this is a disagreeable remedy. In chronic cases it is of decided advantage.

Bleeding is set down as a common remedy. Leeches to the throat I have never found to be of any benefit. Bleeding from the arm and foot has been fashionable. I was bled in this manner by Louis when sick with this disease in Paris. He said that he did not expect it to do any good, but that it was usual for him to bleed. Counter-irritants are very necessary. The best is a mustard foot-bath. This tends to produce diaphoresis.

I will order for this patient quince seed mucilage, alum gargles, Rochelle salts, half an ounce once a day, and a mild diet.

Case 2d.—Has had sore throat two days: the uvula is inflamed and adherent to the tonsils. All of the parts are of a bright red color. He has some sonorous rhonchus, showing that the irritation has extended down the bronchial tubes.

Treatment.—This case requires no positive medication. He may sip demulcent drinks freely and take gargles with advantage.

Case 3d.—Disease has existed five days. Appearance of the pharynx similar to the last. Has improved on the use of alum gargles and saline cathartics.

Case 4th.—This is a case of chronic pharyngitis which has lasted a year. He complains of pain only when he talks much. There is a diminution of the power and a shortening of the compass of the voice.

This patient should wear flannel and guard against exposure to cold. Nitrate of silver, in 40 grain solution, should be applied by a camel's hair pencil.

Functional Disease of the Heart, with Anæmia.—This female has been indisposed for some time; she is pallid, and suffers from headache and palpitations of the heart, increased by ascending a flight of stairs. It is a curious circumstance that organic disease produces palpitation which subsides when the individual becomes quiet; while the disturbance dependent on anæmia continues whether the patient is quiet or not. She has a double bellows murmur; without the sawing intonation which is indicative of organic disease. This murmur has a rounder, fuller, softer sound, a more musical intonation than that produced by valvular disease. Organic disease of the heart, I often take occasion to tell you, is not necessarily fatal, nor dangerous. It is only serious when it presents a great impediment to the circulation; but a little thickening of the valves and a moderate hypertrophy is not a serious disorder.

Treatment.—

℞.—Quiniæ sulph., gr. ij.
Ferri pulv., gr. j.
Extract. Quassiæ, gr. ij. M.

This pill to be taken three times a day. In chronic cases the treatment must be chronic; that is, moderate doses of medicine, long continued. You have seen the effect of small doses of mercury in a case of chronic dysentery which has been before you. In that we gave the 1–16th of a grain of calomel twice a day. Had we given it in large doses we should have lost the good effects of the remedy.

Valvular Disease of the Heart.—This patient, a female, has had palpitation of the heart for eight years. It began with rheumatism. I have told you that with this disease we always find associated disease of the heart, which in some cases remains as a chronic disorder. This patient has become anæmic, and there is about the pulse that irregularity of a bisferiens character, which is generally indicative of heart disease. This character of the pulse is often found also in children at the termination of acute diseases. It is difficult to give an idea of the distinction between the bisferiens pulse of organic and functional disease, but there is a difference perceptible.

The dullness of the cardiac region is increased. A bellows sound exists at the mitral valve coincident with the systole; also a double sound at the semilunar valve of the aorta. At the mitral valve it is single and rougher than at the semi-lunar.

Treatment.—As for the palpitation, it is impossible to cure it. The disorder is fixed and cannot be removed by any treatment. It is possible to relieve many of her symptoms. For the anæmia we will give quinine and iron; besides that she may take 12 drops of tincture of digitalis, and 1 drachm of the fluid extract of valerian three times a day. She may have a moderate diet, taking meat once a day.

Cirrhosis of the Liver.—This patient has lived in India ten years, a soldier of the British army. He left there in 1852; his health he says was good; he has a pale and sallow complexion, and complains of pain in the epigastrium and right hypochondriac region. His residence in India I presume left a disordered state of the liver. There is an enlargement of the liver, but no great protuberance. This man is not of intemperate habits, and we know it is not a fatty degeneration of the liver. It is cirrhosis, a disease whose nature it is rather difficult to explain.

Treatment.—He has been in a hospital but a few days, and has taken infusion of quassia, and nitro-muriatic acid, five drops three times a day; also a warm salt bath every other day. This treatment we will persist in for a few days.

Mania-a-potu.—Two mild cases of this disease were brought before the class. There had been

only slight abberration of mind; some tremulousness still remained. The alcoholic plan of treatment had been pursued. Both were nearly cured.

Of another case Dr. G. remarked: We have had a bad case of mania-a-potu, in which if we had given opium, the patient would certainly have died. He had a flushed face and 14 or 15 convulsions, each followed by stupor. The treatment was an ounce of whiskey, at first every two hours, then every four hours; cups to the back of the neck, and mustard foot baths. In this way we have got him well, as we ought to do in every case of the kind.

JANUARY 28TH.

Pleuro-pneumonia.—This case is one in which the disease is very persistent. In such cases look out for the development of tuberculous disease. We suspect it in this case, but cannot assert it positively until two or three weeks to come. The tubercles, if any exist, are disseminated throughout the lung in the midst of the vesicles. The patient has fever and is much broken down.

Treatment.—We must treat the pneumonia by blisters, mercury, ipecac. and opium. It will not do to bleed or cup this patient. Tonics are also essential; 4 to 6 grains of quinine may be given in the morning. In a few days it will be necessary to give stimulants. He should take nourishing soups, and drink freely of barley or rice water.

Tuberculous disease of Lungs and Brain.—This patient exhibits a tremulousness of the hands and face. His tongue is coated, and red in the centre. He has not much cough, but appears excessively broken down.

Percussion in front is clear; upon the back, on the right side not so clear.

There is vesicular respiration every where, on both sides, with some mucous or subcrepitant rhonchi; and in the right lung a slight trace of rude respiration.

The patient is stupid and heavy. There is great fever, but no paralysis. The mass of the brain is not interfered with, but we know that there is a certain disturbance of the brain from the symptoms. The signs of the lungs are just such as occur in the development of tubercles throughout the lungs; but the diagnosis of miliary tubercles is very difficult. I suppose that the disorder is of this kind, affecting both the right lung and the meninges of the brain. You are aware that tubercular disease of the membranes of the brain is known in children as acute hydrocephalus. There is not here sufficient development of inflammation to obstruct the function of the brain entirely; but remember that hydrocephalus is sometimes subacute or chronic.

Treatment.—We have to treat the tuberculous inflammation of the brain just as when other organs are affected. We can only arrest the disease when the tubercles are very few. Some cases do get well, by an arrest of the deposition, and by absorption or other change in the matter already deposited. I have no doubt of its occasional absorption. Sometimes at the very commencement of the disorder we may cup or leech; later, a small blister may be applied behind the ear. I have never seen any good arise from the use of mercury, but I use it sometimes in tuberculous inflammations, not trusting in it, but hoping that some good may arise. I will order blisters behind the ear in this case; 8 or 10 grains of quinine, with gentian and quassia, good diet and milk punch.

Tumor of the Abdomen.—This patient has been sick two months, with pain in the abdomen, slight fever, vomiting of food and drink, and constipation. The tongue is red, coated and dry, indicative of irritation in the alimentary canal. There is a tumor, 4 by 5 inches, nearly in the position of the ileo-cœcal valve, very dull on percussion. In abdominal tumors it is exceedingly difficult to make out a diagnosis, much more so than in diseases affecting the chest, where the signs are clear and easy to be read. It is obvious from the vomiting, constipation and presence of the tumor that there is something interfering with the working of the intestines. This tumor may be occasioned by several things. I think, we may throw out of mind hernia and cancer. There may be intussusception of the bowels, causing an accumulation of fæces.

That there is an accumulation of fæces, I have no doubt. We hope it may be a mere partial obstruction.

Treatment.—Six or eight ounces of blood have been taken by leeches applied to the abdomen, and dry cups were afterwards applied. He has had injections of mucilage and oil. We will make the injections more purgative by the addition of infusion of senna, reapply the leeches and cover the abdomen with fomentations of hot whiskey.

The following table presents the diseases of the patients as they entered the hospital. Some had others engrafted upon them, upon which Dr. G. had addressed the class, as much as on the primary disease.

List of cases treated in the Pennsylvania Hospital, during the clinical service of Dr. GERHARD.

Prepared by the resident physician, Dr. GEO. C. HARLAN.

Acute Bronchitis,	1	Arsenical Paralysis,	1
Chronic do.	7	Chorea,	1
Acute Pleurisy,	1	Hysteria,	2
Chronic do.	2	Delirium Tremens,	23
Pneumonia,	3	Neuralgia,	3

Acute Laryngitis,	1	Hepatitis,	2
Chronic do.	1	Cirrhosis,	1
Tonsillitis,	2	Congestion of Liver,	1
Chronic Pharyngitis,	7	Jaundice,	2
Asthma,	4	Ascites,	2
Phthisis,	11	Tumor of Abdomen,	2
Pneumothorax,	1	Diarrhœa,	3
Vicarious Menstruation	1	Acute Dysentery,	2
Acute Rheumatism,	7	Chronic do.	3
Chronic do.	20	Chronic Gastritis,	3
Gout,	1	Constipation,	3
Sciatica,	1	Intermittent Fever,	10
Endocarditis,	3	Typhoid Fever,	4
Pericarditis,	1	Typhus Fever,	1
Hypertrophy of Heart,	4	Chronic Nephritis,	1
Aneurism of Aorta,	4	Albuminuria,	2
Softening of Brain,	1	Amenorrhœa,	3
Meningitis,	1	Anæmia,	3
Hemiplegia,	3	Arthritis of Knee,	1
Epilepsy,	2	Debility,	3
Paralysis,	3	Chronic Phlebitis,	1
		Total, . . .	176

Of which were cured 73, relieved 18, discharged by request 12, unimproved 2, died 11, remaining in hospital 60.

Besides the cases of idiopathic endocarditis mentioned, endocarditis occurred in all the cases of acute rheumatism. In three it was particularly well marked, and accompanied by decided friction sounds of pericarditis. Slighter pericardial sounds were also heard in several other instances. One case of rheumatism was complicated with vio ent pleurisy and pneumonia, as well as with endocarditis and pericarditis, but terminated in recovery. Pneumonia, pleurisy and tonsillitis have occurred in patients admitted to the hospital with other diseases.

JEFFERSON MEDICAL COLLEGE.

JANUARY 11th.

Notes from the Clinic of Prof. Pancoast.

Resection of Head of Humerus.—Dr. Pancoast remarked that he was happy to exhibit to the class, the successful result of an operation, which was performed by him at the college clinic, two years ago. It was one of those severe cases of caries of the head and neck of the Os-humeri, with surrounding abscesses, which we now treat by the excision or resection of the diseased portion of the bone. A useful limb had been saved by the operation, which he had performed, and its value to the patient could not be estimated. For the leg a good substitute may be found, but no substitute for the arm could perform the thousand things which this member is called upon to do. The motion here was very good, and though the attachment to the scapula was but ligamentous, the patient was able to put his hand upon his head, to use it in dressing, and to employ it very usefully in his ordinary avocations. Three inches of the upper end of the bone had been sawed off in the operation.

Nasal Polypi.—I will next, said Dr. P., call your attention to a very common affection, and one in which the books embarrass you, with the perplexity of the description. I refer to nasal polypus. The kind which is most frequently met with, is the soft polypus. I believe, they arise from the obliteration or occlusion of the orifices of the mucous follicles, and by the accumulation of the secretion in the sac. Thus closed, a tumor is produced, as in the skin it may be formed by the occlusion and enlargement of a sebaceous follicle. These pendulous growths are most frequently attached high up. In two operations for the removal of the upper maxillary bone, where these polypi chanced to exist, I saw them in one instance have their attachments to the upper, and in the other to the middle turbinated bone. When they come down by increasing growth, they may be directed toward the anterior nares as is most common and where they sometimes project, or toward the posterior nares. When they pass backward and are of much size, they may be seen behind the velum. We sometimes see naso-pharyngeal polypi, which by their pressure cause ulceration and contract adhesions with the superior portions of the pharynx and back part of the velum, and these are very difficult to manage, But tumors of this sort belong to the fibrrous class of polypi, are pediculated, and may have their primitive attachment on the sides or floor of the nostril.

This drawing which I show you, represents a polypus of the mucous kind, resembling exactly those of the nostril, about two inches long, formed by the development of a follicle at the root of the tongue, between it and the epiglottis. This unusual case is interesting, as it shows that the soft and mucous polypi, may grow from other than the nasal mucous membranes. This polypus tumor, caused such occlusion of the pharynx, in the attempt to swallow, as to render this process difficult. I depressed the tongue, slipped over the tumor the small tonsillotome of Fahnestock and cut it off near its root. The portion of the pedicle left, shrunk away, and the tumor has never since returned.

After the mucous polypus, the kind that is most frequently met with, is the granular, of which we have now a case here under treatmect. These may be seen as little white shining bodies, reflecting back the light from a position usually high up in the nostrils, commonly from the shelving edges of the two upper turbinated bones. The existence of these growths, in the adult, may be suspected when there is

some obstruction in the nostrils a snuffling respiration, and you find a layer of puriform mucous, on the adjoining surfaces of the velum and the pharynx. To cure them, or rather to prevent their reproduction, you have sometimes to twist off the mucous membrane and part of the turbinated bones, from which they grow, to swab the posterior nares from behind with a strong solution of lunar caustic, and have detersive and astringent washes snuffed through the nose. Dr. Physick was in the habit of filling the nostril with common tow after the operation, in order to provoke some suppuration of the mucous membrane, and thus take away the tendency to the repullulation of these growths. But we have long since abandoned that practice, as well as the introduction of caustic and irritating ointments, for fear of the caries or necrosis of the bones that would be liable to follow their use. Bleeding polypi, you are to be careful about. They are apt to be malignant, and are often confounded with tumors that sprout inward from the antrum. If you remove them, it will sometimes be necessary to use astringent lotions by injection or with a piece of lint, as a tampon, or to plug the anterior and posterior nares, in order to arrest the subsequent hemorrhage. The hard fibrous polypi, of which I have not time to speak to-day, we either cut off at their pedicular attachments in the nostrils, or strangulate at the root with a ligature. Dr. P. then proceeded to remove with the forceps, a polypus tumor, which occluded the right nostril. A second and third were discovered, and removed; the last and largest bringing with it a portion of the superior turbinated bone, to which its pedicle was attached. Very little hemorrhage followed their evulsion, and the patient was directed to return the next clinic day, and in the mean time to snuff through the nostrils a strained solution, made by pouring a half pint of boiling water on a drachm each of powdered Gum Myrrh, Borax, and clarified honey.

Operation for Cure of Periosteal Tumor.—Some of the class who were here last year, may recollect this patient. He had an exostosis of the tibia, in the lower part of the popliteal space. The tumor was of large size, and this, with the extreme pain caused by pressure on the nerves, rendered the limb useless. I divided one of the heads of the gastrocnemius muscle, and the attachment of the soleus, and sawed off the whole mass of enlarged bone. Protracted suppuration followed, but the case finally did well. I have seen a similar tumor in the case of D. Stewart, Jr., of Pittsburg, growing from the neck of the humerus, and pressing on the axillary nerves so as to paralyze the arm, which I removed in a similar manner and with the like good results. This patient has been again alarmed by a swelling at the inside of the tibia of the same leg, about the middle of its shaft, but which, I believe, rather to be a soft periosteal tumor than a proper exostosis. He has been on the use of such constitutional remedies as the iodide and bromide of potassium, iron, guiacum, and corrosive sublimate, and the external use of a belladonna and mercurial plaster. These have failed to arrest the growth of the tumor, and I am now going to resort to an operation, which I think, will cause it to disappear. It is a subcutaneous operation, by which, with the knife of Bouvier, we divide the periosteum over the tumor so as to take off the tension, and let the fluid, if there be any beneath, escape. It is rare that this treatment fails, if accompanied with constitutional remedies. The puncture is made, as you see, through the integument an inch below the tumor, and the knife slid up between the periosteum and overlying tissues. This division takes off the strangulation of the thickened periosteum. I press out the air from the incision, cover it with adhesive plaster, and apply cold water dressings, covered with oiled silk. He will continue the constitutional remedies as before.

Reduction of Dislocation of Humerus of Eight Weeks standing.—This was a case of dislocation which occurred at sea, for the reduction of which the ordinary methods had been applied skillfully, though unsuccessfully, on two occasions, five and six weeks after the accident.

Dr. Pancoast remarked: In consultation with my colleague, Dr. Gross, I have thought it best to give this unfortunate French lady another chance in favor of reduction, although it is now about 8½ weeks since the dislocation took place. We both believe that there is little probability of complete success, and think that she will have a tolerably useful arm, even if we do not succeed. My colleague has sound and philosophical fears, in which I share, of the risk of injuring the axillary artery or breaking a rib, in the application of force sufficient to accomplish the reduction. The patient is a frail and delicate woman; but even at the risk of a fracture of one of the ribs, we have concluded to make the effort. It would be useless for me to use any methods that have previously been tried, and I will employ an instrument known as Jarvis' Adjuster, with which a very great degree of force may be exerted. Two unfortunate instances of rupture of the axillary artery occurred years ago in this city. If it should possibly occur here, we shall be prepared to ligate the subclavian artery. To avoid this accident, which I think, we may always do, we shall make no pressure of the artery against the head of the bone, but will make our counter extension against the side of the chest, and risk rather the breaking of a rib. The side to which the force

will be applied, however, and shall be well padded, protected from accident, as far as lies in our power.

While proceeding to adjust the apparatus, Dr. P. observed, that before the introduction of ether and chloroform, it is probable that one-half of the dislocations of the humerus, of two or three weeks standing, failed to be reduced, even with the aid of pullies and all the other accessories. Since their introduction the success has been infinitely greater.

The patient was now fully etherized, and the instrument adjusted, so as to make the extending force by a strap buckled around the humerus above the condyles, and the counter extension by a broad surface upon the side of the chest, which was well cushioned to protect the ribs. The arm was then elevated so as to relax the deltoid and supra-spinatus muscles. Several attempts to maintain the extension were rendered unsuccessful by the slipping of the band around the arm, for which the strap was rather too large. This was remedied by applying another roller above the elbow. Extension and counter extension were then more effectually made by the adjuster, and Prof. Gross found the head to move on the glenoid cavity with a grating sound. With the foot in the axilla so as to press the head of the bone outward, and with the manipulation of the limb, by Dr. Gross, while the instrument maintained the extension, Dr. P. succeeded, as he believed, in replacing the head of the bone in its socket. The full rounded form of the shoulder could not be restored; but this Dr. P. thought to be due rather to the wasting of the deltoid muscle, the swollen condition of the torn capsule and of the cellular tissue below the acromion, than to displacement of the bone, which though not entirely in its natural position, was very nearly so. In such cases, where the centre of the head of the bone does not exactly correspond with the centre of the socket, and the bone resists all further efforts at motion, the surgeon can do no more, and there is some reason to expect that the head of the bone will finally work into its proper position, when the surrounding inflammation and swelling disappears. The hand could now be placed upon the opposite shoulder. The elbow was then brought to the side and the arm retained in position by bandages passing around the chest.

January 14th. The patient was shown to the class, in as comfortable a condition as it was possible for her to be. Dr. P. was of opinion that the bone was in its socket, though the longitudinal axis of the humerus did not exactly correspond with the centre of the socket, and said that we cannot tell to what extent the articular muscles, or the long head of the biceps, may have suffered at the reception of the injury. The hand could be raised a great deal higher now than before the attempt at reduction, the prominence of the shoulder' remaining very much the same as seen after reduction. The hand of the injured side could now be placed on the opposite shoulder, which can rarely be done, unless the head is very nearly in its proper place at the glenoid cavity, as has been pointed out by Dr. Dugas.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

Meeting of January 25th.

Fibro-Plastic Tumor of the Breast.—Papillous Growth in the Pharynx of an Ox.—Cases of Cerebral Abscess following Otorrhœa.—Puerperal Convulsions—Fœtus in Utero.—Exostosis of Sacrum.—Cancer of Pylorus and Liver.

The Society met, Dr. Krakowitzer in the chair.

Fibro-Plastic Tumor of the Breast.—Dr. Sands presented a specimen of a tumor, which he had removed on Monday, from the breast of a young woman 22 years of age, apparently in the enjoyment of very excellent health. The tumor was situated at the inner border of the left mammary gland. Previous to its removal, whilst covered by integument and the subcutaneous fat, it was quite as large as an Havana orange.

The tumor was connected with the breast, and the breast moved with it. It was exceedingly firm and hard, being, however, quite elastic, not having the hardness of scirrhus, and no nodules were appreciable on its surface, nor was there any enlargement of the lymphatic glands. There was no implication of other parts of the body, nor any interference with her general health, which would lead to the suspicion of malignant disease. The only suspicious circumstance connected with the case was the very rapid growth of the tumor. It attained its present size in the short space of four months. The menstrual function, which was inquired into very closely, was not interfered with. There was a pain connected with the tumor besides that produced by manipulation; this pain came on while walking and taking exercise generally.

The tumor was removed without entire excision of the gland. The tumor presented very evident fluctuation; great care had to be taken not to open the sack. On opening the cyst, after the removal of the tumor, about three ounces of bloody viscid fluid escaped, which, under the microscope, presented blood corpuscles, many of them being in a perfect state, others being in various stages of degeneration. There were also numerous fat molecules and large granules, mostly composed of fat.

The tumor itself consists of a cyst, containing numerous projections of fleshy looking masses, growing from the inner wall. Some of these masses are mere convexities in the inside of the tumor, some others are attached by small pedicles. Some of these, on closer examination, present a very distinct lobulation—a warty-like growth—having very much the appearance of a cauliflower excrescence. A microscopical examination of the elements of this tumor showed it to be of the fibro plastic variety. These tumors have received different names. Sir Benjamin Brodie includes them under the head of Sarcoma. Paget has called them *proliferous cysts*, having found in them traces of glandular structure, analogous to that of the mammary gland. In this tumor I have found no evidence of glandular structure. There are no cœcal terminations of tubes, indicative of glandular growth. The substance of the tumor is almost entirely made up of elongated cells, with elongated nuclei, together with a few fusiform cells.

All the appearances induced me to regard the growth as of the fibro-plastic variety, and not cancerous.

The rapidity with which the tumor was developed is remarkable.

Papillous Growth in the Pharynx.—Dr. Dalton presented the specimen of a small tumor, which he found growing from the mucous membrane of the pharynx of the ox. The situation of the tumor is on the postero-lateral part of the pharynx, just about opposite the middle portion of the cricoid cartilage. The tumor was about half an inch in diameter, with a small, constricted base. It consists of a great number of long, conical-pointed filaments, which resemble very much the horny papillæ seen upon the tongue of carniverous animals. There are little papillæ springing from a somewhat fleshy base, giving to the whole tumor the appearance of a somewhat hypertrophied compound papilla. Each of these papillæ has a capillary bloodvessel, terminating near its extremity. Most of them are covered with tesselated epithelium, similar to that of the mucous membrane of the pharynx. I have not had occasion to notice such a tumor before. I am rather inclined to think that it is a congenital tumor. It probably caused no irritation during life.

Cerebral Abscess, following Otorrhœa.—Dr. Thomas presented a brain, removed from a patient at Bellevue Hospital, with the following history:

Elizabeth N——, aged 14 years, entered the hospital on Monday last, this week, (Jan. 23d). Her health has always been good, with the exception of a discharge from the right ear, which began to show itself first some time in February last. After this time she was seized with convulsions, which appeared to be hysterical in character; these continued until last April, when they ceased altogether, leaving her in the enjoyment of perfect health. I inquired very particularly with regard to the character, time, and duration of these convulsions, and so far as I could learn from the mother, they appeared to be distinctly hysterical; any sudden depression of spirits, any fit of anger, would be followed by a convulsion lasting sometimes for 45 minutes. She would frequently come out of the attacks by a fit of laughter, by attempting to bite those around her, or by a fit of sobbing—presenting in this respect all the characteristics of hysterical fits occurring in girls about the age of puberty.

On *Tuesday* of last week, she was seized with a convulsion accompanied with a violent pain in the right ear, which lasted until *Saturday*, when it stopped entirely. The ear then began to discharge a purulent matter; after this she complained of headache and pain in the region of the spine and about the neck and shoulders. During the day she vomited twice and appeared somewhat delirious, though understanding what was said to her. *Saturday* night she was again seized with convulsions, one of which lasted three-quarters of an hour. Between the convulsions she was delirious.

On *Sunday* she sank into a state of coma, which continued until the 23d of January, with the face flushed pulse 140, and very feeble indeed; the skin not very hot, the tongue moist; no marks of indentation by the teeth; if roused up she would answer questions. She occasionally manifested a somewhat mischievious disposition as frequently seen in hysteric convulsions.

In the morning a new symptom was added—one pupil *not responding to the influence of light* while the other contracted freely; she still, however, retained her consciousness, would rouse up when spoken to, and partook of the food offered her.

The treatment at this time consisted in the application of two dozen cups to the spine, together with flannels soaked in turpentine, left on until the rubefacient effect was apparent. After this she appeared somewhat better, the pupils responding quite readily to light.

She continued in this state until Tuesday morning, when she died, after a repetition of the convulsions.

The postmortem examination was made this morning, when there was found at the base of the brain abundant traces of pus. At one point, just above the petrous portion of the temporal bone there was evident fluctuation and on cutting through the brain substance about a drachm of pus escaped. It was quite evident that the pus outside had not come from this abscess, as there was no communication from it to the outside. The pus on the outside was evidently the result of acute local meningitis ending in purulent effusion.

When she was first examined, I took into consideration the fact, that there *might* be an abscess of the brain, resulting from this inflamed condition of the ear, as I had lost one other case in this way. But still I was inclined to think that these convulsions were not due to disease of the brain for the reason that they had lasted for a considerable time, and left her in good health during the intervals.

Again, the convulsions so closely simulated those of hysteria that I could trace no connection between them and the otorrhœa, with the exception of which the girl had been healthy in every respect, and the very important question arose, how could in a case of this kind hysteria be diagnosed from disease of the brain, especially in a girl approaching the age of puberty, where the hysterical convulsions, if they occur at all, are apt to be very violent?

Dr. Bibbins stated that he had seen a case somewhat similar to this at the Children's Hospital, on Randall's Island, in a child suffering from otorrhœa. Hemphlegia set in. Just back of the ear there was a purplish appearance, as if the bone was about to exfoliate from death of the part. The child at this time was not confined to the bed, the only apparent illness being the paralysis from which it had suffered for some months; suddenly one morning it was seized with a convulsion and died. The autopsy revealed a very large abscess at the base of the cerebellum, so large indeed that it was astonishing how the child could have lived so long with so extensive a lesion.

Puerperal convulsions.—Specimen of fœtus in utero.—Dr. Thomas next presented a specimen of a fœtus in utero, surrounded by its membranes. It was removed from a woman who had died from puerperal convulsions in Bellevue Hospital, and who had been under treatment there for some time for phthisis and cardiac disease.

On the day before yesterday she was brought into the lying-in ward with a puerperal convulsion. Yesterday morning another convulsion took place, which passed off, leaving her in a state of coma. Two or three hours later she was seized with a third convulsion.

When I saw her in the middle of the day she was having the attacks every 15 or 20 minutes. No œdema could be discovered anywhere, but on examining the urine after death it was found albuminous and high-colored. Uræmic poisoning evidently existed, though no œdema was present.

Twenty-four hours after the first attack, while making an examination during one of the convulsions, I found it almost impossible to insert even the tip of the index finger into the os. The patient soon died.

The subject of interest to him in this specimen, Dr T. stated to be the condition of the os, the appearance of which in his opinion disproved some of the existing theories regarding to its change in form during the latter months of pregnancy. The common view is, that the cervix begins to disappear from above downward according to Churchhill, in the following ratio: at five months one fourth of the os has disappeared; at seven months one half; at eight months three-fourths; and at nine months the whole cervix disappears, loses its pyriform shape and becomes globular. Dr. Stolz, of Strassburg, however, in 1826, asserted that the cervix did not disappear from above downward, but precisely in the opposite direction, from below upward. At certain periods in pregnancy, therefore, the finger in examinations would reach the os internum, the diminution of the os externum continuing until the end of the ninth month, it finally disappears with the first pain.

When I first examined the cervix in this case I thought that the view of M. Stolz was substantiated, but on further examination, I believe, the condition of things in this case, substantiates neither the one view nor the other. In the first place, the opinion of M. Stolz is not confirmed here, for it was impossible to introduce, even a penholder into the os, and to touch the fœtus. At the post mortem examination, the index finger was introduced with some difficulty through the os. Then again the os-internum was nearly four times as large as the os-externum. Dr. T. expressed his desire to hear Dr. Dalton's views, in regard to the disappearance of the cervix, during the latter months of pregnancy.

Dr. Dalton stated that although he had but little obstetrical experience, regarding the point in question yet he thought, that he could say very positively, simply from his own observations alone, that neither the os-externum nor the os-internum disappear at all, even up to the end of the ninth month. He had seen in cases, where the uterus had been ruptured during labor, both the os-externum and the os-internum. There certainly can be no doubt that the mucous membrane of these two parts remains the same. He did not believe that any portion of the cervix was actually taken into the body of the uterus. The functions of the two parts—os-ternum and internum—are just as distinct, as those o the uterus and vagina. With regard to the relative size of the os-externum and internum in this case, he thought that the external os was unnaturally small, and this would account for the apparently large size of the internal os.

Exostosis of Pelvis.—Dr. Finnell presented a pelvis removed from a woman, about 45 years of age. At the upper part of the sacrum, near its junction with the last lumbar vertebra, there is a small but very sharp bony projection. The specimen was of interest from the fact, that this sharp bony projec-

tion, would have rendered the woman very liable to rupture of the uterus, during the progress of a tedious labor, from the pressure of the body of that organ against the projecting bone.

Cancer of Pylorus, Stomach and Liver.—Dr. Krakowitzer presented the stomach, and part of the right lobe of the liver, taken from a woman who died at 5 o'clock this morning. She was 31 years of age, was married at 16, since which time she had been pregnant four times, and had three children now living, the eldest being about 10 years of age. She enjoyed good health generally, with the exception, that her stomach has always been somewhat delicate, obliging her to be very careful in the selection of her diet, and has never been sick so as to be confined to bed. After the fourth pregnancy, which happened in the fall of 1857, her morning sickness became much more annoying than on former occasions, and finally the vomiting became so severe, that she could not eat the least particle of food, for fear of aggravating the attack. She became very much emaciated, and reduced to almost the last degree of debility. Dr. ——, saw her about the commencement of May, 1858, and after trying all the usual remedies, without relief of the vomiting, proposed immediate delivery. Though from the character of the stools and the matter vomited, some suspicion of malignant disease was entertained, yet on account of the distended state of the abdomen, and the gravid uterus, no satisfactory diagnosis could be made, as to the existence of a malignant tumor.

Premature labor was induced on the 20th of May by means of uterinie injections, and she was delivered on the same day, gestation being then advanced to about the end of the seventh month The child lived for some thirteen days.

Very soon after delivery the woman began to improve and could retain some food. The vomiting, however, still continued, and she consulted various physicians and a number of empirics. Dr. K. saw her once or twice, when a diagnosis of cancer of the stomach was made without any difficulty. As no relief could be afforded, she again fell in the hands of the empirics, and gradually growing worse, she died this morning.

Postmortem examination.—Great emaciation; on opening the abdomen, its cavity was found to contain about three quarts of clear dropsical serum, the stomach was covered by the left lobe of the liver, which was pushed over in the left hypochondriac region. The pyloric portion of the stomach was the seat of a hardened tumor. The glands of the omens tum were hardened, but not enlarged. The ductus communis coledochus and the large bloodvessels, which enter the liver were pervious. On laying the stomach open a morbid deposit is seen between the mucous and muscular coats, chiefly in the neighborhood of the smaller curvature. The membrane of the cardiac portion is remarkably healthy—quite uncommonly so.

On microscopical examination the tumor and the deposit is found to consist of a stroma containing round and oval, pullucid cells, some having one nucleus, some containing two. Some of the cells are commencing to be divided into two.

The substance of the liver presents a marbled appearance, having on its surface depressions and nodosities. The capsule of the organ appears to be somewhat thickened. Here and there are streaks of obliterated bloodvessels. These nodosities are evidently cancerous in their nature.

The dropsical effusion, observed in the abdominal cavity, had obviously been of very recent date, as the husband stated that during the last few weeks of the disease the abdomen was very much sunken, and only commenced to swell three or four days before her death.

EDITORIAL DEPARTMENT.

Periscope.

Asphyxia of New born Children.—Dr. A. T. Keyt, in an article in the *Cincinnati Lancet and Observer*, on the relative value of the old or mouth to mouth method of treating asphyxia Neonatorum, and the Marshall Hall method. He says that the case of the asphyxiated new-born child is not just parallel with that of the of the asphyxiated adult. The first has never respired. The chest has never been expanded; the air vesicles have never been opened. The chest and lungs then do not possess that elasticity or resiliency which would be so important an element in successfully carrying on the "rotation process." It would be difficult to understand how, under it, the first expansion of the lungs could take place; when the child is turned on its face, the lungs being already compressed, the capacity of the chest could be thereby but little, if any, diminished; and when turned upon the side and a little beyond, as directed, it could be but little, if any, increased. Whether here there be any ingress and egress of air has yet to be determined by experiment. This test, instituted, as is well known, by Marthall Hall at St. George's Hospital, was in reference to adults. This peculiarity, then, of the newborn child can but constitute a serious impediment to the successful performance of the *rotation process.* But it possessess characteris-

tics which render it a very suitable subject for the mouth to mouth operation: its small size admits of its being placed in any position that may best suit the convenience of the practitioner; its small mouth is easily encompassed by his mouth, and the force of his breath is entirely sufficient to expand its delicate lungs; and the child, accustomed as it has been to imperfectly arterialized blood, is readily quickened into life by contact with its air vesicles of air no purer than the breath of the practitioner; moreover, no real difficulty is here experienced in the falling back of the tongue.

If the two processes be compared in reference to the qualities *ready, easy of performance*, and *effectual in the purpose*, it is plain that the old plan is as *ready* as the new, since by it the child is treated "*instantly and on the spot;*" that *ease of performance* pertains almost as much to the one as to the other (since no apparatus or complicated manœuvre is required in either case,) and if there be here a slight difference in favor of rotation, it is not such as to influence the mind of the practitioner in deciding which process to pursue.

Chloroform in Obstetrics.—By Wm. Pettigreu.—Western Medical and Surgical Society. (*Medical Times and Gazette.*) As a general rule he deprecated its use in ordinary or natural labor, for the following reasons: 1. That the Accoucher should attend solely and strictly to his own avocation, and that it therefore necessitates the presence of a second practitioner. 2. The folly of incurring any risk of asphyxia or death, although such cases in the lying-in room are rare with chloroform in comparison with those in which surgical operations are performed. 3. That under ordinary circumstances where matters are favorable and progress natural, it tends to depress the system, leaving the entire expulsion of the fœtus to the efforts of the uterus, supplied as it is by organic nerves, while the muscles of animal life which so forcibly assist its action are almost paralysed. 4. By its administration there is danger both to the mother and child. Cases illustrative to these objections were related; the exception to the general rule being, where the mother was of a delicate and nervous temperament, and where chloroform was administered in a very modified form, more to attract the attention of the patient from her fears than to lessen the natural throes of labor. In protracted labor the author had experienced much benefit in its administration, and although the pains for the first ten minutes appeared arrested, they afterwards returned more strongly, with greater regularity, and under its use the rigidity relaxed, the mucus became more freely secreted, the countenance of the patient became less anxious, and the pulse quickened at first, became stronger, and the child was born in a very short time. Cases illustrative of the facts were then related. The author, in his limited experience, bore out the observation of Dr. Simpson, that hæmorrhage seldom or never occurred after the use of chloroform.

European Opinions of Wutzer's Operation for the Radical Cure of Hernia.—The following is an extract from a letter from Dr. J. C. Nott, Professor of surgery in the Medical College of Alabama, to the *New Orleans Medical and Surgical Journal:*

The operation for radical cure of hernia was attracting a good deal of attention in our journals before my departure for Europe, and it being one of very great interest, I determined to make some inquiry as to what was doing in this line among the surgeons here, and was surprised to learn how little favor it has met with among the more sober-minded surgeons.

In Paris I talked with Velpeau, the Nestor of French surgeons, with Nélaton, and others, and they all say that Wutzer's operation, or any other on similar principles, cannot be relied on, the disease returning in the great majority of instances. In fact, the operation is scarcely performed at all now in Paris; a great many experiments have been made on this principle, since the one of Gerdy; and all having proven unsatisfactory, the operation is now nearly abandoned in Paris. I had a long conversation with Mons Charrière, who has been the leading surgical instrument maker there for some thirty years, and he told me that he had no call at all at present for Wutzer's instrument, and kept none for sale in his shop. He told me, moreover, that he had some years ago taken the trouble to go to Bonn, in Germany, where Wutzer resided, to get information on the subject, and that after investigating the matter fully, came back to Paris satisfied that the operation would not do—the rupture soon or late returns, according to his information.

In London, I went round to the hospitals, and talked with several leading surgeons and instrument makers, and I found that the operation was here decidedly losing ground, although it is still performed to some extent. Spencer Wells seems to have gone more deeply into it than any one else in London, from what

we see in the journals; and when I alluded to his experience, as published in the journals, to one of the most distinguished surgeons of London, he shrugged his shoulders and said he did not know much about Mr. Wells, and did not think his experience was great.

That the hernial ring may be closed, by this operation, for a time, is certain; that in a very large proportion of the cases the rupture works its way out again, sooner or later is no less certain; and the points to get at now, are what proportion is really successful, what are the proper cases for the operation, and whether the proportion of successful cases justifies the operation at all. I have performed a few of these operations, but my experience is too limited, and the time since the operation too short, to justify me in forming an opinion, though I am inclined still to think that a judicious selection of cases for operation might be made, and the operation to a certain extent employed.

Discharge of a Worm from the External Auditory Meatus.—The case is reported in the *Medical Times and Gazette.* The child, who had previously suffered from intestinal worms, complained for some time of intense pain in the ear, for which a poultice was applied. The worm, which was an *ascaris lumbri-coïdes*, six inches in length, was found lying partially in the meatus and on the poultice. It was supposed that the worm had made its way from the stomach up the throat and into the Eustachian tube, and perforating the membrana tympani escaped into the external meatus.

Chlorate of Potash in the Vomiting of Pregnancy.—Dr. Howell, of Illinois, has stated to us recently, his success in the use of this article in cases of obstinate vomiting during pregnancy.

Extraction of a Bar of Lead from the Stomach by Gastrotomy.—This interesting case is reported in the *Boston Medical and Surgical Journal* by Dr. Bell, of Wapello, Iowa.

A man aged thirty-two, while attempting some experiment in jugglery, accidentally let a bar of lead, ten and three-quarter inches long and weighing nine and a-half ounces, slip down his throat and into his stomach. The patient suffered no immediate inconvenience, and a probang passed down to the stomach failed to detect the presence of a foreign body. As the patient was intoxicated at the time of the accident, and as there were no rational symptoms of the lead in the stomach, it was thought proper to wait for further evidences before proceeding to the serious operation of gastrotomy.

On the eighth day the patient first complained of gastralgia and abdominal tenderness, with vomiting of a dark watery fluid, pulse small and tense, anxiety, restlessness and prostration. On the next day the patient was placed under the influence of chloroform, and an incision was made from the point of the second false rib to the umbilicus, dividing the integument, thence through the abdominal muscles to the peritoneum which was exposed the whole length of the incision and then divided on a director. A spasmodic contraction of the abdominal muscles followed, forcing some intestines and omentum through the wound. By increasing the anæsthesia the spasm was relieved and the viscera returned. The hand was then introduced, and grasping the stomach, the bar of lead was distinctly felt. It lay in a direction from right to left, the upper end resting against the walls of the stomach to the right of the cardiac orifice; the lower end in the great curvature of the stomach, to the left of and below the pylorus. The lower end was then seized and pushed upward, that the incision in the stomach might be made as high as possible. The coats of the stomach were then divided over the end of the bar, to a sufficient extent to allow its extraction. After this the stomach was allowed to resume its natural position, and the external wound closed by interrupted sutures and adhesive straps, and covered with compress and bandage. Some protrusion of the omentum between the sutures followed, but the patient rapidly recovered.

New Method of Extracting Gunpowder from the Skin.—Instead of extracting the particles of gunpowder from the skin, by means of the point of a needle or bistoury, M. Busch applies to the part, a solution of corrosive sublimate, five grains to the ounce. An eczematous eruption is thus excited, and the dried vesicles then contain the grains of gunpowder.

In the year 1567, the midwives took the following oath in England: "I will not suffer any other bodie's child, to be set, brought or laid before any woman delivered of child, so far forth as I can know and understand, also I will not use any kind of sorcerye or incantation, in time of the travail of any woman.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 4, 1860.

THE CANCER CURERS.

Those diseases which are least amenable to the resources of medical science or art, are those most commonly and unfortunately the prey of the empiric. The announcement of incurability, or the dread of the hand of the surgeon, frequently induce the sinking sufferer to grasp vainly at straws, and there are in all communities vultures in the form of "cancer curers," who subsist by impoverishing the dying and exciting false hopes which only hold out until the last fee is extracted or death impending.

Beside this inhuman trifling with the incurable, another resource, and it is that which is the only element of their continued popularity and success, is the practice of pronouncing to the confiding patient every trifling innocuous growth or discoloration on the surface to be *a cancer*, then sloughing or eroding it away with arsenic or caustics, and announcing the case, along with the patient's certificate, as a cure of cancer.

Notwithstanding the fact that the profession are well aware of the deception which has been so long and so much practiced in this favorite field for the impostor, the so-called cancer curing, yet the unprecedented success of at least two of those who have latterly flourished, has been owing to the credulity of some of the very leaders in professional influence and position in Europe.

Through the permission of the most famous of French surgeons, an ignorant and brutal negro who claimed to be in possession of a secret method of curing cancers, was lately allowed to experiment with secret remedies upon the patients in one of the largest hospitals of Paris, and thus secure a notoriety, which was still further increased by his eventual expulsion from the wards. He then publicly stated that his expulsion was owing to jealousy on account of his great success and his unwillingness to disclose his secret. Fortunately for humanity, the career of the negro was brief, and he is now securely and deservedly lodged within the walls of a prison.

Through influences of a similar character an American adventurer produced a few years ago in England a general sensation, and so far obtained influential professional confidence as to obtain entrance, for a similar purpose, to one of the London Hospitals, and was thus aided in establishing for himself the notoriety so essential to a profitable career. The result of the treatment was, of course, a failure, but the resulting notoriety was a pecuniary success.

The very latest pretending performer of miracles in cancer curing, bears the title of the Reverend Hugh Reed, curate of St. Saviour's, London. He is a member of that immaculate profession who frequently think their abilities too much smothered in the folds of the surplice, and, not satisfied with propagating quackery with their voices and patronage, sometimes prefer the grossness of somatic to the divinity of spiritual healing, and quit the latter, much to their pecuniary advantage.

There are in this country, as in Europe, great numbers who call themselves cancer curers, but their pursuit seems here to be less profitable, and their patronage is among the ignorant and credulous. They secure few victims among the better classes, and we are sure that the medical officers of the hospitals in this country could not be duped by their pretensions into allowing them to tamper with the unfortunates in the wards who are afflicted with cancerous disease.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

We are sorry to announce that Drs. Morland and Minot, who have, for the last five years had the editorial management of this sterling weekly, have withdrawn from that position. Our intercourse with these gentlemen during their editorial career has been most pleasant and profitable, and we part from them with great regret. Who their successors are to be is not yet announced, but we have no doubt that the publisher will secure an efficient edi-

torial corps, as the material in Boston is abundant.

We must do the late editors the justiee to say that they have conducted the *Journal* in a manner creditable to themselves, and that their course has been such as was calculated to elevate the profession. And we doubt not that had they been the proprietors of the work, and possessed that indispensable requisite to maintain a good journal, a very large subscription list, they would have done much more than they did.

THE SECEDING STUDENTS ONCE MORE.

We notiee that the students from this city who were caught in the meshes of the Richmond net, have had another public meeting. They show a disposition to lose what little remaining chance there is for getting any good of their winter's study.

One object of the meeting seems to have been to lay claim to a larger seeession from the sehools of this city than actually took place. But resolutions ean never alter facts. They say, "we wish to make known the fact, that two hundred and fifty-seven left the city of Philadelphia on the evening of the 21st of Deeember, 1859, for Southern Colleges, and we believe that fifty or seventy-five more followed in less than ten days thereafter; that of the whole number about two hundred and seventy-five were from the Jefferson Medical College of Philadelphia, about forty from the University of Pennsylvania, and the remainder from the Pennsylvania College of Philadelphia."

Now the fact is, that instead of "about forty" having left the University of Pennsylvania, only seventeen left, and "the remainder" from the Pennsylvania College, was a solitary *one*. We are not apprised of the exaet number that left the Jefferson College, but from reliable information we believe that it was not more than half the number given above, if it was that.

AN EXPLANATION.

We are not a little surprised to learn that our bit of *plaisanterie* in the REPORTER for Jan. 21st headed "*Didn't Know How*," has been misunderstood. In referring to the attempt to induce Southern students in the medical schools of New York to secede, which, happily for the students, proved to be almost an entire failure, we playfully attributed the failure of the attempt to the want of management, as contrasted with the movement here, which, it is known, was engineered principally by two gentlemen who had a large class of Southern students. In order to show how they *might* have got up a seecession excitement in New York, we *supposed* a ease. Knowing that Drs. Gaillard Thomas and Aylett were prominent teachers of medical students in New York, we simply said, that *if they had placed themselves at the head of the movement*, and excluded debate, etc., as was done in this city, it would have been suceessful. The manner in which the proposition was put, ought to have been sufficient to show that we had no idea of eharging Drs. Thomas and Aylett with having encouraged the attempt that was made, for we said plainly, that *if they had*, it would have been sueeessful. On the whole we are eompelled to regard this new blunder as another evidenee of the want of "smartness," among some of our brethren in New York.

We have reeeived the following note from several members of Dr. Thomas' class, which is cheerfully published, with the hope that its effect will be to set everybody "right."

Editors of the Medical and Surgical Reporter:

Having seen, with no little surprise in your issue of Jan. 21st, under the title and simple head of "Didn't Know How," an erroneous statement concerning the position taken by our preceptor, Dr. T. Gaillard Thomas, of this city, in reference to the proposed departure of Southern students from the University Medical College, we write to request a full and immediate correction of the whole matter.

Dr. T. so far from encouraging the students, did all in his power to prevent their taking the proposed step, and, in our opinion, the clearness, force and earnestness of his appeals, at both meetings, were greatly influential in quieting the excitement.

If you leave the matter as it now stands, you will do serious injury to one who has done nothing to merit this grave charge contained in your issue referred to, and we therefore hope that your high regard for justice will induce you at once to correct it.

It is hard, nay, even impossible, after Dr. T. so

freely and openly expressed himself in opposition to the movement, to imagine how you should have been led into this error.

Very respectfully yours,

E. Julian Moseley,
Henry W. Boone,
R. J. Mays,
Samuel W. Francis,
E. S. Buist.

DRUGGISTS' MISTAKES.

In another column, a correspondent presents some considerations in reply to an article published in the Reporter two weeks since. While there are some views in the article worthy of consideration, there are others that do not commend themselves to our judgment. We are fully agreed with the writer in regard to recommending well qualified druggists, though we would by no means use "their paper"—meaning, we suppose, paper with the card of a particular druggist on it.

As to writing prescriptions that are intended to "pay" the druggist, that is the last thing the physician should think of. He should use as little medicine as possible, and his prescriptions *ought, in reality, to be compounded in his own office, and under his own eye.* The apostrophe about the physician's fee of one to five dollars, etc., is overwrought. The boot happens to be on the other leg. It is very few prescriptions that the physician gets paid for, while the druggist gets his large percentage on almost *all* that he compounds, whether for rich or poor.

The druggist, ought, without question, to be competent enough for his business to detect an evident error in a physician's prescription—though these should, of course, never be made. But the real difficulty is, that the drug business, like almost all other kinds of business, (except farming,) is overstocked, and druggists, to eke out a living, complicate their legitimate business with the sale of tobacco, fancy articles, and everything almost, "from a needle to an anchor," on which they can turn a penny. Our correspondent looks on prescription writing too much in the light of a mere *business* transaction.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The fifty-third annual meeting of this society will be held in the city of Albany on the 7th day of February. The session will continue three days. A large attendance is anticipated, and many papers of interest will doubtless be presented.

The report from the committee, consisting of Drs. Blatchford, Thompson, and Townsend, relating to the examination of students, and a second degree in the medical profession will be submitted for consideration.

The address by the President, Dr. B Fordyce Barker, of New York, will be delivered in the capitol on Wednesday morning, the 8th inst. The proceedings of the Society will be laid before the profession, through the columns of the Reporter in advance of every other medical journal.

Correspondence.

"DRUGGISTS' MISTAKES."

Pittsburgh, Pa., Jan. 31st, 1860.

If there is merit in originality, all credit, certainly is due to a writer, in a late number of the *Medical and Surgical Reporter*, for one of the most novel and brilliant propositions which have lately fallen under our observations; viz, to make druggists personally responsible, not only for their own mistakes, but also for those of physicians. If the public mind could only be disabused, in regard to the propriety of the existence of a certain myth, called Justice, this would be one of the most convenient arrangements that could possibly be made. How pleasant it would be for the physician, to be able to say, I am not responsible for any error I may have committed; the druggist is the scape goat of the medical profession, on him let all our sins be laid. I would suggest that the gentleman go a step further, and demand that the druggist be punished in all cases of mal-practice, in all instances, and where a patient suffers or dies from the ignorance of the physicians. What business has he to put up a prescription, unless he is satisfied that it is the very best that could be given, under the circumstances.

Seriously, is there any man so constituted as to imagine, that any person can be held accountable for the actions of any other person, not under his control? And if not, is it right or equitable, to make the druggist answerable for the recklessness, ignorance or inadvertance of physicians or charlatans? Every physician acknowledges his liability to err, and my experience is, that were druggists as

careless in compounding prescriptions, as physicians are in writing them, ten mistakes would occur, where there is now one. And yet, strange to say, the very men who are so ready and willing to confess their own sins, are clamarous for the enactment of stringent laws, for the prevention of like crimes in others. They claim, in one breath, fallibility for themselves, and in the next, demand infallibility in others. Shame upon you, gentlemen, the veriest task-master would not require as much of his slave!

Physicians have this matter almost entirely in their own hands; can accomplish more than all the rest of the community combined, and that without a single act of Assembly, in such cases made and provided. Allow me to suggest a few plain rules for the government of the profession, which, I am satisfied will obviate the great majority of "druggists' mistakes."

1st. Patronize only honest and thoroughly qualified druggists. Do not be satisfied simply with writing on their papers, but *insist* upon your patients procuring their medicines from them. This course properly pursued, will soon drive incompetent men out of the business, and will induce others intending to enter it, to prepare themselves, by what you may recognize as a suitable course of study.

2d. As a further inducement for men to spend time, labor and money in qualifying themselves for the business, *make your prescriptions pay*. In this, physicians have unlimited power. Patients will give more for a four ounce mixture than for a one ounce, even if the number of doses in each be the same. Other things being equal, the more highly remunerative a business is, the greater the number of competent and educated men who will engage in it, and it is far better that your patient should suffer in the purse than in the body. It is astonishing to me, that a physician who will complacently pocket one, two or even five dollars for a prescription, will endeavor to put it into such a shape, that the druggist can make the least possible charge for it, although he knows that its compounding will require more time and labor, and perhaps more skill and knowledge than its writing. Live and let live, gentlemen.

3d. Write as distinctly as you can, and eschew all syllabic abbreviations. The suggestion of Gov. Newall, that every word in a prescription should be written entire, is a most admirable one, and I am confident would obviate fully, one-half of the fatal mistakes that are committed.

4th. Append full and explicit directions to each prescription, and avoid such indefinite and nonsensical ones, as "Take as directed," "Use as before," &c, For your own and your patients sake, give the druggist an opportunity to detect any errors, into which you may fall. He will then, of course, return the prescription to you for correction, although he may deny the equity of being held penally responsible for your carelessness.

5th. Write as few prescriptions as possible after night, and especially *then* do not order poisonous articles. Just aroused from sleep, neither your brain, nor that of the druggist, is as clear or cautious as during the daytime.

6th. If a druggist is unable to decipher your hieroglyphics and sends a prescription back to you, do not curse his stupidity, but treat him in a gentlemanly manner, encourage him to return others, instead of "guessing" at them, as he will be tempted to do, if you insult and abuse him.

I hope that physicians will consider and act upon these suggestions, and I am well assured that good results will follow.

D. MINIS, JR., M. D.

News and Miscellany.

The Private Courses for Instruction.—There is nothing which indicates the appreciation of the extraordinary opportunities presented in this city for medical instruction more than the great patronage which is deservedly given by students to the numerous private courses on subjects of a practical character.

The private dissecting rooms and amphitheatres for anatomical lectures are particularly well attended; one of these institutions, the Philadelphia School of Anatomy, has a class of two hundred and forty-eight, which is the largest private class in existence, and its size has only been limited by the space necessary for their accommodation.

The courses on obstetrics, made practical by actual bedside experience, are well appreciated by the more advanced students.

Courses of instruction in operative surgery on the cadaver, and the details of minor surgery, occupy much attention of students in individually acquiring these manipulations.

Practical experience in the chemical laboratory, and in pharmaceutical preparation and experiment, is sought by all who desire to qualify themselves with more than a theoretical education on these subjects.

The successful career of private teaching adds much to the attainments of the graduates, and aids in maintaining the pre-eminent medical character of Philadelphia.

M. Cloquet has been appointed President of the Academy of Medicine of Paris.

Baillière of Paris, the well known medical publisher, died recently.

Dr. N. L. Hatfield has been appointed one of the Consulting Obstetricians of the Northern Dispensary of Philadelphia, in place of Dr. T. H. Yardley, deceased.

The Philadelphia Association for Medical Instruction announce their eighteenth annual course of summer instruction, to commence early in April.

The course is intended to be practical in its character, and embraces the full curriculum as taught in the colleges. The Association is composed of gentlemen who are competent as teachers.

The course was discontinued during the past summer for reasons extraneous to the merits of the institution, and it is hoped that its revival will now receive the favorable attention of students.

A suicide by Chloroform occurred lately in Liverpool. Eight ounces of the article were poured into a dish, and the individual died with his head over the vessel.

The Hospital for Nervous Diseases.—Dr. J. S. Ramskill has been appointed, in connection with Dr. Brown-Séquard, a Physician to the National Hospital for the Paralysed and Epileptic.

A Hospital Ship.—The British government has fitted up a vessel called the Melbourne, as a hospital ship, to be sent to the Chinese seas. This is the largest vessel which has been appropriated exclusively for such a purpose, and its internal arrangements are elaborately finished for the accommodation of the sick or wounded. It is a large ship of fifteen hundred tons, having the entire gun-deck for one sick ward, containing one hundred and fifty berths, and is properly ventilated and lighted.

Poisoning by Arsenical Vapor.—A case of poisoning from the bright green paint on the inside of a lamp shade is reported in the *Lancet.*

The patient, a watchmaker, sat with his mouth within a few inches of a shade colored with aceto-arsenite of copper, which was volatilized by the heat from the flame. The symptoms, which were ulceration of the mouth and gastric disturbance, commenced in a few days after first using the shade, and ceased on its discontinuance.

A Helmet of the New Metal, Aluminium, has been made in Paris for the King of Denmark. The advantages of the metal for such a purpose are sufficient strength, with remarkable lightness.

Death of a Medical Practitioner from Chloroform.—Dr. Renwick, a medical practitioner of Alloa, Scotland, died recently under the influence of chloroform, which was administered for the purpose of undergoing an operation on an inverted toe nail. He had, some time previously, suffered from pain in the region of the heart, and it is said that his father died suddenly of heart disease.

Claude Bernard.—A course of lectures by this distinguished French physiologist, which are now being delivered, are to be published in the *Medical Times and Gazette.* The subject is Experimental Pathology and Operative Physiology.

Nœvus cured by Creasote.—Dr. Buzalsky reports in the *Med. Zeit.* the entire removal of a nœvus on a child's temple by pencilling twice a day with creasote.

The Veddah Tribe in Ceylon.—In the report of the proceedings of the Ethnological Society of London, in the *Lancet,* is a remarkable account of this barbarous tribe, of which little is known. Two skulls of individuals of the tribe were exhibited. The crania were small and very narrow, giving the zygomatic arches an appearance of extreme lateral projection.

The only detailed notices of these Veddahs are to be met with in the travels of Captain R. Knox, published about 200 years back, in the account of Ceylon by Dr. John Davy, and the recent work by Sir Emerson Tennent. These writers, and also Mr. Bailey and Mr. Bradford, from whom recent communications had been received, bear testimony to the fact that the Veddahs are the aboriginies of the island, and that before the Christian era they retired before invaders from the banks of the Ganges to the jungles and hills in the south-east of Ceylon, where they have remained isolated for more than 2,000 years. A custom which they have of never, if possible, coming into contact with other people, and of not showing themselves even when they engage in matters of barter with the travelling traders of the country, accounts for the maintenance of their isolation, and at the same time iden-

tifies them with the aboriginal inhabitants, as described by ancient writers. The Veddahs seen by Sir E. Tennent had flat noses, prognathous jaws, were of low stature, and very degraded in aspect. Mr. Bradford, however, speaks of one whom he met with as resembling very much a Cingalese coolie; and it may be remarked that they speak a dialect of the Cingalese language, though the more degraded are described as scarcely possessing an articulate tongue, and as communicating with one another by signals and guttural sounds. The Veddahs go about in nearly a nude state, their hair falling down to their middle in matted lumps. They live in the forests, and at night seek shelter under rocks or in caves, or on platforms raised amid the trees. They depend for their subsistence on the bow and arrow, using their feet as well as hands in drawing the bow. In their diet they are omnivorous, but consider lizards and roasted monkey as the greatest delicacy. Sir E. Tennent says that they have no knowledge of a God or a future state; no temples, idols, prayers, or charms; in short, that they exhibit no instinct even of religion. Their only ceremony is a sort of devil-dance, by which they avert evil. They do not bury their dead, but only cover them with leaves in the jungle. They have no idea of time or distance; no names for hours, days, or years; and, in the matter of education, are unable to count beyond five on their fingers. They have no amusements, and not even the rudest kind of music. The writer last quoted says further, that they are of gentle disposition, and though knowing nothing of virtue, rarely commit great crimes. They exhibit in a striking degree the effect of complete isolation, either in degrading man to, or keeping him in, a state of abject barbarism.

The Doctor at the Helm —The veteran Lord Dundonald is now, at the age of eighty-five, writing his autobiography. He relates his exploits with a hearty and seaman-like spirit, which gives surprising interest to the narrative. In describing the dashing capture of a Spanish frigate by his little vessel, the *Speedy*, 158 tons—a feat which will always be remembered amongst the glories of the English navy,—Lord Dundonald thus refers to the gallant conduct of the late Mr. Guthrie. It is an episode in his life well worthy to be recorded :—

"Our rigging being cut up and the *Speedy's* sails riddled with shot, I told the men they must either take the frigate or be themselves taken, in which case the Spaniards would give no quarter, whilst a few minutes energetically employed on their part would decide the matter in their own favor. The doctor, Mr. Guthrie, —who, I am happy to say, is still living, to peruse this record of his gallantry,—volunteered to take the helm. Leaving him, therefore, for the time, both commander and crew of the *Speedy*, the order was given to board, and in a few seconds every man was on the enemy's deck—a feat rendered more easy as the doctor placed the *Speedy* close alongside with admirable skill."—*Lancet.*

The number of physicians in the State of Virginia, according to the census of 1859, is 2,072.

A case of Death from Hydrophobia from the bite of a hog, which occurred while attempting to remove a bone which was lodged in the throat of the animal, occurred in St. Louis recently.

The Tea Plant is cultivated in Louisiana without any difficulty. It has shown its power to withstand the hottest days of Louisiana, and also the late freezing cold weather.

Latent Light.—At the last meeting of the British Scientific Association, Sir D. Brewster exhibited a piece of chalcedony, within which a minute landscape could be seen. If kept in total darkness for four hours, this marvelous picture vanished, but re appeared as vivid as ever on ten minutes exposure to the sunlight; proving that not only could a design be mysteriously insinuated into the interior of the mineral, but that light could be stored up therein, and produced at will. It was surmised that this effect had been produced by the action of nitrate of silver.—*Scientific American.*

Claude Bernard's Lecture Room in the College of France.—The Paris correspondent of the *Medical Times and Gazette* gives the following description of the lecture of this eminent teacher of physiology:

It is a large square room, capable of containing six hundred students. At one side of the room, on an elevated platform, is the Professor's chair, immediately in front of which is a table, some ten or twelve feet long, on which all the experiments conducted in public take place. From the front of this platform the seats for the students rise in tiers. The roof is ornamented with four frescoes, representing Hippocrates, Aristotle, Buffon, and Linnæus.

Elegant as is the general appearance of the room, it has a serious defect. The light, being derived from the roof, falls directly on the table, and any delicate operation, requiring close inspection, forces the Professor to place his head in a position which effectually intercepts the rays of light on their way to the object under examination. In an adjoining apartment is the laboratory, which consists of two small rooms. In that nearest the lecture-room are some small furnaces, and sundry glass cases, containing the larger instruments required for the experiments. In the centre of this room is a strong, solid table, about five feet by three, perforated in sundry places, so as to permit cords to pass through it, to control the movements of the animals subjected to vivisection. The other room resembles a chemist's shop. In it are kept all the chemical and medicinal agents, as well as the smaller instruments. In one corner is a sand-bath, intended for experiments on cold blooded animals. Beneath these apartments, and connected with them by a stone staircase, are a series of cellars, dark and dismal enough, in which are kept animals of every description—dogs, rabbits, guinea-pigs, etc., etc.—with here and there huge basons and troughs, filled with frogs and other cold-blooded animals—all intended in their turn to be sacrificed and offered up on the altar of science.

A Consultation at Naples.—Dr. Quadri, the celebrated oculist, of Naples, states that in that city a consultation is not a means of advising upon a case sought by the practitioner, but is forced upon the family of the patient by public opinion—as, if it allowed one of its members to be treated for a serious disease by one practitioner only, it would incur universal censure. The consultation takes place without any discussion, and is a gratuitous spectacle to which the neighbors are invited in large numbers. The doctors being placed in a circle, the youngest speaks first and the eldest last, each making a more or less declamatory discourse on the case, and not unfrequently sacrificing the history of the patient to a fine phrase—the great object being to produce an effect, and not to contradict the views of the old consultant, whose opinion has been ascertained beforehand; upon him, therefore, devolves the determination of the treatment—merit succumbing here to age. Frequently this president is deaf, and he neither hears the answers of the patient nor the observations of his colleagues; but that is of no matter, as it devolves upon him to determine the fate of the patient. God help you if you offer the slightest opposition to the conclusions of this Nestor; you will be subjected to the reprobation of the entire faculty. You will be stigmatised as imprudent or insolent, and to be quite ignorant of the *galateo medico.*—*Medical Times and Gazette.*

☞ We have received from the publishers, Blanchard & Lea, a copy of Dr. Stille's new work on Therapeutics and Materia Medica, which will be further noticed in a future number.

The Wire Twister. An Old Invention with a New Claimant.—In "Secrigo Armamentarium Chirurgicum," on page twenty, plate forty-five, is an exact representation of the instrument for twisting metallic wire, said to be lately invented by Mr. Coghill, and recently described by Mr. Simpson, in his Clinical Lectures on Diseases of Women, in the *Medical Times and Gazette.* It is called "Graefe's instrument for twisting wire," and the illustration and description show it to be exactly similar to that described by Mr. Simpson.

The volume alluded to is in possession of Mr. Gemrig, surgical cutler, of this city.

Literary Mortality.—A late French writer of authority, M. de Tapies, gives the following interesting facts in regard to the chances of an author to secure lasting fame. How many there are in our profession whose reputations as writers are ephemeral, and yet, who can say that they have not accomplished something for the advancement of our science, although their works have not floated down the stream of time?

Out of 1,000 published books, 600 never pay the cost of printing, etc., 200 just pay expenses, 100 return a slight profit, and only 100 show a substantial gain. Of these 1,000 books, 650 are forgotten by the end of the year, and 150 more at the end of three years; only 50 survive seven years' publicity. Of the 50,000 publications put forth in the 17th century, hardly more than 50 have a great reputation, and are re-printed. Of the 80,000 works published in the 18th century, posterity has hardly preserved more than were rescued from oblivion in the 17th century. Men have been writing books these 3,000 years, and there are hardly more than 500 writers throughout the globe who have survived the outrages of time and the forgetfulness of man.

Another "Black Doctor."—The following is a part of the public advertisement of a negro doctor who resides in the upper part of this city:

"T. Edwards is naturally a Doctor—having a gift from the Lord. My mother was her mother's seventh daughter, and I am her seventh son; my father was a seventh son, and I am his seventh son; I was born with seven cauls, and I am a seven months' child, and walked in seven months after I was born, and have shed my teeth seven times."

The following order for a book has been received in this city, and we consider it worthy of record as a specimen of the literature of "the eclectic."

"I want to trouble you to send Me a Book on the practis. Sence I hav quet using callomel in diseases in My nehberhod and dont Bleed I cure it quicker turpentine is as good as callomel on the kidnies and Bile if they dont take coald on it. I can cure fever nagew chills quicker with the eclectic. My partener introdused them from cincinati which he studied one coarse with cellibrated professors of the sistym. We often use tees which is safe always except lobelia which has puked too much in My hands. injections are favorite in paines in the bowels Wind and Worms than callomel and safest.

We Want a nother Book on the sistym But We hav 2 now But they dont always tell What the disease is and the deepest principals of the eclectic for the most paticular cases and no other doctor is nier than sixteen miles across. send it By the Barer who is gone to By goods in the east I want the Best Book on the eclectic for I hav quet the old sistym."

Philadelphia County Medical Society—Officers for 1860: President, Dr. Isaac Remington; Vice Presidents, Dr. D. Gilbert, Dr. J. Carson; Recording Secretary, Dr. W. B. Atkinson; Assistant Recording Secretary, Dr. B. Price; Corresponding Secretary, Dr J. A. Meigs; Treasurer, Dr. A. Nebinger; Censor, Dr. N. L Hatfield.

Philadelphia Medical Society.—Officers for 1860: President, Dr. R. La Roche; Vice Presidents, Dr. John Neill, Dr. George W. Norris; Treasurer, Dr. John J. Reese; Corresponding Secretary, Dr. John B. Biddle; Recording Secretary, Dr. A. E. Stocker; Censor, Dr. Samuel Lewis; Orator, Dr. M. O'Hara; Librarian, Dr. J. H. Packard.

To Correspondents.

Quæso—The Fothergillian medal is awarded yearly, to the author of the best essay on a subject proposed, by the London Medical Society.

Dr. S., Philada.—Section 5th, of article 5th, of the Code of Ethics, is very clear on the subject; it says: "When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival."

COMMUNICATIONS RECEIVED.—*Georgia*, Dr. J. M. Simmons, Dr. T. M. Layton—*Illinois*, Dr. D. Neall, (with encl.,) Dr. James Robarts—*Indiana*, Dr. J. J. Rooker—*Kentucky*, Dr. Geo. Cowan—*Maryland*, Dr. Edwin Dickerson, (with encl..) *New Jersey*, Dr. T. R. Crittenden, (with encl.,) Dr. John S. Cook. (with encl.,) Dr. Geo. R. Robbins. (with encl.,) Dr. T. Kitchell, (with encl.,) Dr. C. R. Prall—*New York*. Dr. Chas. F. J. Lehlbach, Bailliére Bros., Dr. S. D. Willard—*North Carolina*. Dr. L. F. Sensabaugh. Dr. John W. May, (with encl.,)—*Pennsylvania*, Dr. J. Perchment, (with encl..) Dr. Traill Green, (with encl.,) Dr. H. T. Coffey, Dr. D. Minis, Dr. A. C. Murdoch.

Office Payments.—Drs. N. R. Newkirk, B. Hart. C E. Kemerly, P. Trau, R. Q. Shelmerdine. J. Pancoast. W. Darrach. H. Burfee, B. W James, E. T. Blackwell, G. Irwin. W. J. Powell, S. L. Mintzer, H. Longshore, H. G. Groff, Dr. D. L Huntington.

MARRIAGES.

DE SAUSSURE—RAVENEL—At Charleston, S. C., on the 24th Jan., by Rev. T R. G. Peck. Captain Wm. D. De Saussure, U. S. A., to Mary Louisa daughter of Dr Edmund Ravenel.

HOSACK—SCOTT.—In New York, January 26th, by Rev. Dr. Seabury. Alexander E. Hosack, M. D., to Miss Celine B., daughter of the late Judge Scott, all of New York.

DEATHS.

CONGER.—In New York, on Friday morning, January 27th, John S. Conger, M. D., in the 75th year of his age.

HAZLET.—In N. Y., on Monday morning, Jan. 30th, after a short but painful illness. Dr. S. Winterton Hazlet, aged 38 years at his residence, No. 28 West Washington place.

JOHNSTON.—In N. York, on Saturday, January 28th, Bessie, youngest daughter of Dr. F. U. and Margaret A. Johnston, aged 4 years and 4 months.

TOBIAS.—At New York, Jan. 30th, Henrietta, third daughter of Dr. S. I. Tobias, aged 18 years.

PRICE.—At Cincinnati. Ohio, on the morning of the 27th, William Price, M. D., formerly of this city, in the 72d year of his age.

TO PHYSICIANS.

A PHYSICIAN, IN FULL PRACTICE, OFFERS FOR SALE his brick dwelling-house with office attached, and well improved lot, eligibly located, and one of the most desirable properties in town.

Any physician wishing to secure a pleasant home, and lucrative practice in an enterprising, intelligent community, on moderate terms, and easy payments, will

Address,
DR. H. T. COFFEY,
Hollidaysburg, Blair Co., Pa.

J. M. MIGEOD,

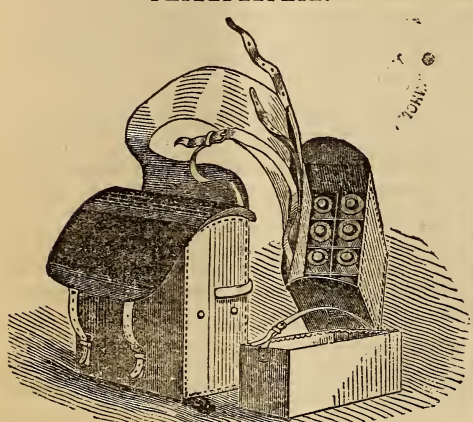
MANUFACTURER OF

MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.

No. 27 South Eighth St., Second Story,

Entrance on JAYNE ST., (formerly Lodge Alley,)

PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing 12 1 oz. Ground Stop. Bottles and 12 ½ oz. " " $9 50
No. 2, containing 10 1 oz. " " and 10 ½ oz. " " 8 50
No. 3, containing 8 1 oz. " " and 8 ½ oz. " " 7 50

Box Pattern, with Trays to Lift Out.

No. 4, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 5, " 20 1 oz. " " 9 50
No. 6, " 16 1 oz. " " 8 50

Pattern with Drawers in Ends.

No. 7, containing 24 1 oz. Ground Stop. Bottles, $10 50
No. 8, " 20 1 oz. " " 9 50
No. 9, " 16 1 oz. " " 8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing 27 1 oz. Ground Stop. Bottles,
" " " 18 ½ oz. " "
" " " 4 Pots, " " and
" " " 1 Mortar, " " $19 00
No. 2, containing 21 1 oz. Ground Stop. Bottles,
" " " 14 ½ oz. " "
" " " 4 Pots, " " and
" " " 1 Mortar, " " $15 50
No. 3, containing 18 1 oz. Ground Stop. Bottles,
" " " 10 ½ oz. " " and
" " " 4 Pots, " " $12 00
No. 4, containing 20 1½ oz Ground Stop. Bottles and
" " " 2 Pots, " " $8 50
No. 5, containing 15 1 oz. Ground Stop. Bottles, $6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing 9 1½ oz. Ground Stop. Bottles,
" " " 18 1 oz. " "
" " " 18 ½ oz. " "
" " " 4 Pots, " " and
" " " 1 Mortar, " " $20 00
No. 2, containing 7 1 1½ oz. Ground Stop. Bottles,
" " " 14 1 oz. " "
" " " 14 ½ oz. " "
" " " 4 Pots, " " and
" " " 1 Mortar, " " $16 50
No. 3, containing 14 1 oz. Ground Stop. Bottles,
" " " 14 1½ oz. " " and
" 4 4 Pots, " " $13 00

126 y

THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years. and the inventor has received (over all competition.) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, ESQ., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f. B. FRANK. PALMER.

JOHN F. ORD, MANUFACTURER OF THE PATENT METALLIC SKELETON ARTIFICIL LEG,

No. 31 North Ninth st., below Arch st.

PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

WILLIAM GIBSON, M. D.

Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs. above described. one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron. is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.

Second—To the same for their Improvements in Club Foot Apparatus.....Second Premium.

PAUL B. GODDARD, M. D. J. P. BETHELL, M. D.
L. D. BODDER, M. D. J. H. B. M'CLELLAN, M. D.
J. M. WALLACE, M. D.

In addition to the above *strong recommendations*, over *three hundred* original certificates are on file in the office.

Pamphlets and directions for measure sent on application as above. JOHN F. ORD.

N. B.—Surgical apparatus for every variety of deformity made to order. 159

AN APPEAL TO THE PROFESSION:

IN BEHALF OF THE "GYNECIAN SANATORIUM,"

LOCATED AT SYLVAN SPRINGS, N. Y.

The benefits to Patients, and the advantages to the Profession, of a Private Sanatorium for Women, may well be presumed to suggest themselves, on a moment's reflection, to every physician. Uterine diseases are fearfully increasing. The remedial agencies available in ordinary practice are too frequently ineffectual, and "Nature's Hygienic Commandments" almost necessarily, *unavoidably*, disregarded at the patient's home.

Is it not, as Professor Charles D. Meigs says, "as mortifying as it is true, that we do often see cases of these disorders going the whole round of the profession in any village, town or city, and falling at last into the hands of the quack, either ending in some surprising cure, or leading the victim, by gradual lapses of health and strength, down to the grave, the last refuge of the incurable, *or rather the* UNCURED!"

It is the want of Professional Retreats that fills so many Quack Establishments.

"Water Cures" are well known to have been perfectly crowded with sufferers from uterine disease, and simply because medical men here have not provided private institutions, such as there are in Europe, *specially, for treating the diseases peculiar to women.* Now, while there ought to be many such in the land, we appeal to the profession to sustain this, the first attempt to establish a Gynecian Sanatorium in America! We propose to physicians to admit to the Sanatorium those of their patients who in their judgment require the special influences of such an institution, to remain as long as they need those advantages, they again taking charge of them for any necessary after treatment.

We again most cordially invite physicians to visit the Sanatorium at any time, and urge them in all cases, when convenient, to accompany the patients they recommend, there.

Physicians will be supplied, on application, with circulars of the Institution, for their patients.

All letters to be addressed to

DRS. ELMER & ELSBERG,

 57 *West Twenty-third street, New York.*

BULLOCK & CRENSHAW,

DRUGGISTS & MANUFACTURING CHEMISTS,

Sixth Street, 2d door above Arch Street, Philadelphia,

OFFER FOR SALE

FINE MEDICAL SADDLE BAGS.

The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

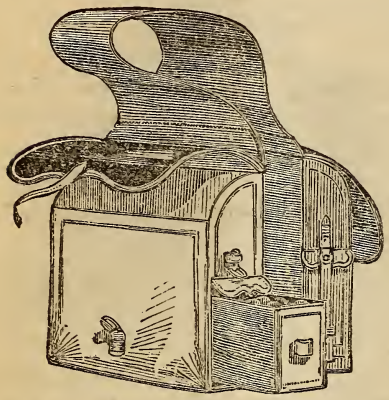


Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	20	"	9.50
"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

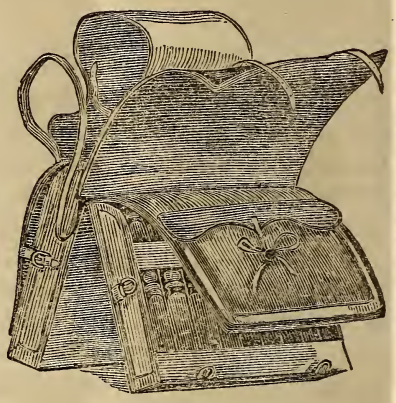


Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

PILLS OF THE U. S. PHARMACOPŒIA COATED WITH SUGAR,

EMBRACING, AMONG OTHERS,

Pil. Cath. Comp.:	Pil. Opii.:	Pil. Ferri Carb., (Vallet't)
Pil. Rhei:	Pil. Hydrarg.:	Pil. Stomachicæ, (Lady Webster's:)
Pil. Rhei Comp.:	Pil. Calomel	Hooper's Female Pills:
Pil. Assafœt.:	Pil. Calomel Comp., (Plummer's:)	Pil. Quin. Sulph., 1 gr.:
Pil. Assafœt. Comp.:	Pil. Copaibæ:	&c.
Pil. Ferri, (Quevenne:)	Pil. Aloes:	
Pil. Ferri Comp.:		

GRANULES of Morphia, Strychnia, Atropia, Digitaline, Arsenious Acid, Elaterium, and other concentrated Medicines.

SURGICAL INSTRUMENTS OF THE BEST QUALITY.

ANATOMICAL PREPARATIONS.

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Illustrated and Priced Catalogues of Drugs, Medicines, &c.; also of Chemicals and Chemical Apparatus, for distribution.

ESTIMATES OF OUTFITS for Physicians commencing Practice, to cost $50 and $100.

No 190, 1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 173. PHILADELPHIA, FEBRUARY 11, 1860. NEW SERIES VOL. III. NO. 20

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 22.

EXTRA-ORBITAL REGION —(*continued.*)— The cilia serve among other purposes to regulate in some degree the amount of light entering the eye, and to catch small foreign matters which would prove a source of irritation to the organ. I have frequently noticed in cases where they have been destroyed that the palpebral fissure becomes greatly diminished, exposing only a comparatively small portion of the ball of the eye. The *bleur eye* is a term used to express this condition. In scrofulous constitutions the cilia attains great length This is occasioned by an increased vascularity of the hair follicles which is found to accompany this habit, and it is the effect of disease. Yet its influence is valuable as a means of shelter to the eye, under circumstances in which it is peculiarly sensitive to light. If the edge of the lid is turned in, the eye lashes occupying its middle will first come in contact with the eye. Therefore, these are the ones most annoying in entropion.

When the surgeon desires to inspect the inner surface of the palpebrae it may be desirable to turn them inside out. Here the cilia furnish a good hold of the lid which should be taken between the thumb and fingers, and at the same time pressure being made upon its cutaneous surface with a probe or some simi- instrument, the cartilage will be everted and maintained in that position by the orbicular muscle. Where the skin blends with the mucous membrane, (the cutaneo mucous line) on the free edge of the lid, the connexion to the subjacent cartilage is most firm. It enables us to control the lid without pressing on it, and it explains many morbid phenomena. Thus in operations on the eye the palpebral integument, by being gathered up by alternate movements of the fingers against the margins of the orbit will lift the lids very perfectly from the eye. Their power to compress the eye ball is very great, and which is worth remembering in the removal of cataract by excision, otherwise the contents of the ball may be emptied. Again effusions into the subcutaneous or sub-muscular tissue cannot extend beyond this cutaneo-mucous line, but may collect in such quantity as to turn in a fold of the skin so as to completely conceal the eye. The swelling accompanying erysipelas of the lids furnishes a beautiful example of this condition. This connexion enables the surgeon by excising an oval piece of the integument from the lid, and uniting their edges to evert its free edge and remove the lashes from the eye, and a moment's consideration will make it evident that the nearer he brings the incision to the cilia, the more perfectly will he accomplish his purpose. In certain varieties of opthalmia the edges of the eye-lids, especially in the morning, are glued together by a thick adhesive line of purulent secretion. This indicates a morbid state of the meibomian glands, and running among the cilia the union

becomes quite firm. The composition of this secretion is such that a tepid mucilage made slightly alkaline will readily soften and dissolve this bond, a precaution which should always be observed before any attempts at separation are made: though it is quite possible for an ordinary conjunctivities to implicate these glands by continuity of structure; yet unless there be some general constitutional vice this result is certainly not a common occurrence.

The meibomian glands may become converted into encysted tumors, just as other growths of this class take place by their excretory ducts becoming blocked up. If they are permitted to acquire any considerable size the cartilage becomes altered in form. When these glands have been long affected by disease the tarsal cartilages undergo an alteration of structure, which consists in shriveling and condensation of their fibrous elements. Another condition is also induced, that of undue redness of the free edge of the palpebrae, and which is apt to remain throughout life; especially does this color become marked when the parts are exposed to the stimulating influence of cold air, or a strong wind. The vessels in such cases will be found to be in a dilated condition, the consequence of previous disease. The conjunctiva lines the inner surface of the lids, and is reflected from their posterior surface upon the ball of the eye. At the free and attached margins of the cartilages it is closely connected; comparatively loose at the intermediate portions, the submucous bone being quite abundant. These anatomical facts will explain several conditions. In acute inflammations of the membrane, attended by the effusion of blood and lymph, the conjunctiva is lifted or stretched off from the palpebræ as far down as the free border, forming a loose red swelling designated as *chemosis*, and which may attain sufficient bulk to evert the lid forming an entropion. Cicatrices on the inner surface of the palpebræ, especially if transverse will from the same fact produce entropion. In all cases, therefore, in which tumors are to be removed from this surface, or scarifications made, with a view to unloading the blood vessels, the incisions should be made vertical or parralel to the short axis of the lids. And so also can we understand why a long continued conjunctivitis should produce entropion by the plastic exadation lifting the membrane from the middle of the cartilage and thereby approximating the attached and free margins of the eyelid.

The palpebral conjunctiva will be occasionally found inflamed and studded over with prominences, forming the granular lid. These prominences are a hypertrophy of the natural papillæ of the part of this membrane, and will account for the feeling of sand on the eye complained of by those so affected. The reason of foreign bodies adhering most frequently to the inner surface of the lids is probably due to the presence of these eminences. When it is remembered that the hypertrophy is due to lymph among the constituents of the papillæ, the propriety of the strong cauterizations, usually employed, will be clear. The relation of the surface of the lid to the ball of the eye will enable us to employ pressure, which is so valuable an agent in the removal of plastic exudations elsewhere. The malignant growths of the eyelid such as schirrus or epithelioma, generally fix upon the lower lid. The fact that it is more under the influence of the lachrymal secretion than the upper may determine this choice. The influence of scars near the palpebræ to produce deviations of the lids, should make it a matter of the utmost moment in all wounds near these organs, whether on the face, temple, or brow, to secure intermediate union, even by freeing the integument by dissection, or other incisions, where there has been some considerable loss of substance, anything making tense the internal and external palpebral ligaments tends to turn the lids in upon the eye. Thus one of the operative measures for the relief of eutropeon consists in acting upon this fact, by excising a V shaped piece from the tarsal cartilage and uniting the edges.

——o——

Medical cannot be separated from moral science, without reciprocal and essential mutilation.—*Reid.*

Epilepsy; its Pathology and Treatment.

Translated from the German,

By T. A. Demmé, M. D.

The medical literature of Europe has recently been enriched by a contribution from the pen of Schrödor van der Kolk, Professor of the University of Utrecht, upon the Anatomy and Physiology of the *medulla spinalis* and *oblongata*.

It has afforded us great pleasure to condense from the work the following observations upon the pathology and rational treatment of epilepsy:

1. From the conclusion arrived at by recent experiments, (Brown-segnard) that the *medulla oblongata* is the principal centre of bilateral reflex movements, the author infers that in this portion of the nervous system the immediate cause of epilepsy must be searched for.

2. In all cases of this affection there is hyperæsthesia and increased activity of the *medulla*, which, therefore, responds to every irritation in rapid reflex movements, (convulsions). This increased susceptibility becomes more marked when the controlling influence of the cerebrum is removed: hence the effect of etherization upon epileptic patients, and the consequent availability of this agent in diagnosing real and simulative epilepsy.

3. At the commencement of the affection there is only this hyperæsthesia of the *medulla oblongata*, without any organic change therein. When the disease has been of some duration there is organic change as manifested in dilation of the capillary vessels. The post-mortem examination of 17 cases of incurable epilepsy confirmed the above statement. Accordingly as the patients, during the attacks, bit the tongue or not, was this hyperæmia perceptible in the course of the *nervous hypoglossus* or in that of the vagus. Accurate measurement of the capillaries was made by means of the micrometer.

4. Upon the above premises the author bases his rational treatment.

In the first stages of the disease the indication is to apply cups to the neck, establish issues, etc. A practice extending through 35 years has shown the beneficial operation of *digitalis*. At the same time any distant causes must be removed. Among these, worms, acidity, torpidity of the bowels, etc., are to be considered in children; in adults, irritations of the abdominal organs, constipation, onanie, amenorrhœa, chlorosis, etc.

5. With many epileptic patients there is extreme sensitiveness of the intestines: to allay this irritability of the sympathetic nerve no medicine is so eminently calculated as *belladonna*. It seems to act specifically upon the bowels. In cases complicated with costiveness, the belladonna is advantageously combined with cathartics. This is the indication which belladonna, before empirically prescribed in epilepsy, answers:

Chlorosis, plethora, etc, must be treated upon general principles.

The tartrate of antimony and potassa sometimes comes into play as an arterial sedative.

6. In regard to the nitrate of silver so often given as a specific, the author remarks, that if cases now and then are relieved by its use, (which he has however never witnessed,) it cannot be in consequence of any action upon the *medulla*, but the result of the local action of the nitrate possibly, removing irritability or chronic inflammation of the gastric or intestinal mucous membrane.

7. The oxide of zinc has proved remedial; no doubt by its soothing action upon an irritated mucous membrane: thus removing one of the causes provocative of the reflex movements, (convulsions.)

8. Lactate of zinc was given to 20 patients, (12 grains daily, the dose being rapidly increased.) 3 recovered, 11 improved, and 6 remained the same.

9. The valeriante of atropia was prescribed in 34 cases, (dose 1-120 of a grain daily—gradually increased until even one half grain was taken). Of the 34 cases, 1 recovered, 15 improved and 18 were unaffected.

This remedy seems particularly adapted to cases of the disease of long duration.

We regret that time and space deprive us of the pleasure of making any further extracts from this valuable work.

Medical Societies.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

DIPHTHERITE.

Lectures on Diphtherite in the College of Physicians and Surgeons of New York.—By PROF. ALONZO CLARK.

(We omit for this week the discussion of this subject in the Academy of Medicine; it was taken up at a late hour of the meeting, and no new facts were elicited. As this disease, however, from its prevalence in this city and various parts, is still attracting the attention of the profession to a great extent, we think that we can do no better than to give the substance of two lectures, delivered a few days ago, by Prof. Clark, on the disease, which, furnishing the views of that eminent pathologist in a connected and instructive form, will, undoubtedly, be as interesting to your readers, as the report of an extempore discussion.—GOTHAM.)

Having finished the consideration of croup, Dr. Clark took up diphtheria as follows:

We now pass to a kindred affection, which at present is exciting much discussion among the physicians of this city and elsewhere, I refer to diphtheria or diphtherite. Brettonneau gave to it the name "*diphtherite*," when his first memoir was published, many years ago, and by that name it has been known ever since. The older name seems to have been *malignant sore throat, or malignant angina, or membranous angina;* but the point most necessary for you to settle, is the one, which is much discussed now-a-days, viz: Is this a new affection, or has it existed from the time we have any history of medicine? It does not seem to me, from what I have seen of it, and from what I have read of the diseases of old times, to be a new disease. It seems to have been known for a very so long time. It is claimed by Brettonneau (who is the best authority we have on the subject) that it is the disease known to the Greeks as the Egyptian disease, and that it never appeared in Greece until brought there by a colony of Egyptians. This he infers mainly from the description of what he supposes to be the same disease by a cotemporary of Galen, a Roman physician, and he maintains that this physician has described the disease in one page; he also asserts that it has been recognized from time to time all the way down to our day; that it swept through Italy and Spain, producing very great mortality in the early portion of the seventeenth century, and from that time until now it has appeared occasionally as an epidemic. The researches of such a man as Brettonneau are certainly worthy of consideration. One statement he makes, which is sufficiently curious, that is, that the Egyptian ointment, a substance used by the Greeks for the relief of this affection, has been lost for a considerable period, and finally received in these latter times as one of the most effectual things to break up the membrane; it is made of one of the salts of copper, and he asserts that its preparation is to be found in the French codex, and other French books relating to pharmacy. We do not have it in our books. It is claimed also that the great epidemic which occurred in New York, and described by Dr. Samuel Bard, was this very affection. There are, I suppose, very few physicians, who have arrived at the middle period of life, who have not, at some time or other seen this disease. But it has not fixed their attention as a *distinct form* of disease, and has been included under the general head of croup; and I suppose it is even now confounded with this latter disease. It has been known in all probability by various names; croup is a peculiarly favored term and has covered a great many cases; malignant sore throat has covered a great many more. Another question arises, and that is, is it in any way allied to scarlet fever? Scarlet fever has a sore throat, a malignant sore throat, a membraneous sore throat, which is frequently enough fatal by the formation of membrane, extending itself into the larynx and trachea. Is it not this form of scarlet fever? I had no occasion to ask that question after I had seen three or four cases of the disease. We know that persons, who have had this diphtheritic inflammation, will have scarlet fever afterwards; again, children who have had scarlet fever will have diphtheria. *One* then does not protect against the *other*. Again, if it were a form of scarlet fever, we should expect to find it prevailing side by side with scarlet fever. Such is not generally the case, although, it is true, we have at this time an unusually large number of deaths from scarlet fever, while we have at the same time more of this diphtheria than I have ever seen before. It is not prevailing as a very dangerous epidemic, still there are many cases. I see, perhaps, a new case every week. Another interesting question arises. How is it communicated? Is it contagious? There is no question more difficult to answer than *that*, especially in regard to an epidemic disease, until it has been observed under a great variety of circumstances. That this diphtheria, or malignant sore throat is epidemic in its *tendency*, I think there can be no doubt; whether it is contagious or not is somewhat difficult to determine, because, where, in a certain house or family, one child shall be affected with the disease, and then a second, and then, a few days afterwards, a third, the difficulty is, that they are all subject to the *same* hygienic and dietetic regulations and conditions;

they are all exposed to the same influences, which affect them all in the same manner. This is one illustration of the difficulty we meet with in attempting to ascertain whether an epidemic disease is contagious or not. In cities it is not very easy to follow contagion. In the paper of the *Sydenham Society* there is strong evidence that this disease can be communicated from person to person, and this evidence is derived from cases which have been observed in the *country*; for it does not seem to be spread by atmospheric influences. Brettonneau goes so far as to say that it can be communicated in no other way, than from person to person, being in this respect similar to syphilis; and in the formation of a new nosology, this disease will have to stand side by side with the Egyptian disease, syphilis, the Neapolitan disease, etc. In this connection he relates some cases that are certainly very curious.. This diphtheritic tendency is exhibited in other parts of the body than that of the throat. He relates one case in which a child, running about with bare feet, trod in the expectoration of a child, sick with the disease, and asserts that the foot became the seat of diphtheritic inflammation, and he goes on to cite numerous instances to prove that the application of the expectorated material to an abraded surface will produce the disease, in other words, that the disease is susceptible of innoculation. This statement, however, is not to be taken in all its length and breadth, even though Brettonneau, himself, has made it.

Now, with reference to the *nature* of the disease. It consists in an inflammation, the characteristic of which is the production of a thick, leathery membrane, upon all the parts affected by it. Unlike croup, it does not confine itself to the breathing tubes, but the membrane passes over into the pharynx, passes upwards into the nose filling the nasal passages, and, unlike croup, if there has been an injury, or an abrasion of the tongue or cheek, patches of membrane will form thereon, at the seat of the injury. By European observers it has also not unfrequently been seen upon parts where the epidermis has been removed by a blister, which extending in various directions often becomes a very formidable disease. The fatality of this disease does not alone consist in an obstruction to the tubes which are the seat of the deposit; there is a *constitutional* element in it. Unlike croup, it is what physicians are in the habit of calling a *blood disease*. I do not know whether the blood is contaminated or not; but it certainly appears to be a disease of the *whole* system, for in many instances, where the membrane is entirely removed from the air passages, the child, though apparently beginning to get well, will suddenly sink and die. In many instanees this disease comes on with violent chills. In one case, I remember that a young lady was seized with these chills while in church; they became so violent that she was obliged to go home, and shortly afterwards had sore throat. In this respect it has some resemblance to the epidemic erysipelas. The *fever* attending the disease is often very high and in some cases we have *vomiting* at the very onset of the disease. This is not the mode, however, in which they al come on. A great many cases come on very insidiously after the manner of some cases of croup, and often much more slowly than croup. I saw a physician attacked by the disease, who, evidently, had contracted it while driving about among his patients. He was seized first with a cold chill, which was soon followed by a flushed face, then another chill, then another fever, and then a third chill with a recurrence of the fever. On seeing him, I asked, "what is the matter?" "I really don't know," said he, in a thick, husky voice, indicating some enlargement of the tonsils, and this led me to examine his throat, and there I saw a patch of this exudation, about as large as a new penny, nearly circular and surrounded by an ugly looking dark line, the nature of which could not be mistaken. He very soon got well. Do not understand me now as describing the *general* mode of the invasion of the disease, I merely select these cases for the sake of illustrating the *various* and peculiar modes in which it makes its attack.

I was describing to you yesterday the mode of invasion of diphtheria. I gave you a particular mode of invasion, for the purpose of illustrating the important fact that the disease is not a *local* one in its character. For although the disease has a local manifestation, yet it appears only in certain conditions of the system. How it first affects the system we cannot say. Were it proven, that the disease can be communicated by inoculation, we should say the contamination affects the *whole system first;* and afterwards produces its local manifestation at the point where the inoculation took place, in the same manner as syphilitic disease. Now with regard to the *symptoms* of the disease more particularly, I have seen about twenty cases of this disease, and I suppose in these twenty, so far as I can judge from the accounts of the disease, as it occurred elsewhere, I have seen about all the modes of invasion peculiar to this affection. They may be divided under two heads. Those in which the *constitutional symptoms* are active in the beginning, and those in which the disease makes its invasion *very insidiously*, and only becomes manifest by the appearance of a patch of exudation upon one or other of the tonsils or in the fauces. In this latter class of cases the children do not complain of much ill health, yet it is apparent that they do not feel exactly well, and have as a rule not much disposition to play.

In some cases you find the patient in bed, amusing itself with its playthings, and the mother being afraid that something was about to happen, has sent

for the doctor. When you speak to the child, it answers you in a confident, full voice, perhaps a little hoarse. You will learn from the mother that the little one has had some cough. On examining the throat on the *outside*, you find it a little swollen; the *glands* on the outside are a little swollen. You get a spoon, depress the tongue, and looking into the fauces you will very likely see a little patch of membranous exudation, about as big as a dime, a whitish membrane lying upon one of the tonsils surrounded by a lively injection, sometimes surrounded by a pretty deep *venous* injection, or at least a venous color. *Then you have the diagnosis.* If this patch of the peculiar membrane of this disease remains, there is danger that it will gradually spread and produce very serious consequences. I saw a child just in this condition about two weeks ago. You would hardly have supposed that there was any need of apprehending danger. The pulse was not very rapid, perhaps about 100, the countenance fresh, the child only appearing a little paler than usual. The tongue was not particularly covered with any coating, nor yet dry. While the attending physician and myself were talking over the case in an adjoining room, I noticed the child tipping over its head, to look and see who those people in the parlor were I state this little circumstance to show you that the child evidently did not feel very sick. We examined the throat and found one of these patches, on one of the tonsils and extending over the uvula; both tonsils were swollen and red. Almost any one would have said this child will get well, there is nothing to be alarmed about,—but the doctor was alarmed; he told the parents, that he feared the child would not recover. The voice was not yet very much altered, there was just enough of hoarseness to show that the inflammatory action was passing down into the trachea, although there was no membrane in the larynx as yet; but from the tendency of this thing to *advance*, it seemed to me that it would push its way into the trachea and larynx, and destroy the child. I never saw the child again. Eight days afterwards, however, I saw its name in the newspaper in the catalogue of deaths. I have not seen the doctor, and do not know how the child died; I suppose in the usual way, from extension of the membrane.

That the disease is a *constitutional* one, I think you will see from such a case as the following: The case is that of a girl, 8 years of age, who while in apparent good health, was attacked on the 3d of January with what appeared to be an ordinary sore throat. Yet there was enough change in the general appearance of the patient, to induce the parents to call in a physician. The physician discovered upon one of the tonsils a portion of this membrane; he combatted the disease as well he could by local applications and general remedies. In six days the membrane had entirely disappeared, leaving the tonsils still swollen and red. On that day, however, this little one began to have *vomiting*, and in short the peculiar form of ill heath that indicates the approach of *scarlet fever.* The scarlet fever ran its course regularly. The tonsils in the meanwhile, although very much swollen and disposed to ulcerate, *were not at any time the seat of membranous exudation*, they were *entirely free from membrane during the whole course of the scarlet fever.* When scarcely convalescent from scarlet fever, it was seized with *catarrhal* symptoms, such as usually precede the eruption of *measles*, and in a couple of days it had the measels eruption all over the upper part of the body. On Friday of last week, the eruption of measles had entirely disappeared from the body, and *now* the *throat began to be sore again*, and on Saturday morning the *membrane* once more made its appearance; this must have been some 18 days from the beginning of the diaease. This membrane has resisted all applications that have been made to it, it is now extending forwards into the fauces, and backwards into the œsophagus, and apparently downwards into the breathing tubes. The child will in all probability die. On looking over this case we cannot fail being impressed with the idea that there is a *constitntional element* in this disease. Here we see the disease, as it were, jumping over two of the most formidable affections of childhood, the *constitutional element* still remaining, and as soon as these two diseases had passed away, this *constitutional* disease, diphtheria, again made its appearance in its own peculiar form, producing its own peculiar results. These cases taken together will suffice to show you the mode in which this disease makes its invasion.

Now, a word or two with regard to the *character* of the *membrane.* I have had several opportunities to examine this membrane; here are some specimens coughed up by a young person, some 14 years of age. This membrane you will observe differs somewhat from that formed in ordinary croup. The membrane of croup is not usually formed so *thick* as that, neither does it possess that coraceous or leathery character. Both membranes are formed in about the same way, and although the constitution of the two is not exactly similar, still there is nothing in the diphtheritic membrane, that will enable you to positively determine its character under the microscope. These membranes are formed in the same manner as are all false membranes, *namely*, by a coagulation of the plastic portion of the blood forming threads or filaments, without the intervention of cells. It is a fibrillation of fibrine. In this respect it does not differ from the membranes formed during the progress of what are called *healthy* inflammations, such as pleurisy, pericarditis, etc., with this exception, in *this* tissue there is a variable quantity of *granules;* but no *cells* belong to it prop-

erly. If there are any cells, they have come from the membrane on which it has been formed. These granules have in some parts of the membrane a *linear* course, in still certain other parts the granules seem to have no definite arrangement, but are held together by a certain matrix, thus forming a strong membrane. Some of these granules under the microscope appear to be *fatty;* sometimes the granules are definitely arranged in fibres; at other times there are no fibres at all, the granules being all mixed up together. The same membrane will frequently enough show these two characteristics as distinctly as would two different specimens. The difference between this membrane and that of croup, consists in the firm coraceous character of the former, and its more certain constitution by fibres, its greater abundance of granules, and in the absence of *formative cells* to be converted into fibre. The membrane of diphtheria is properly speaking, formed by the fibrillation of fibrine, whereas that of croup is formed first by the production of cells, and the subsequent transformation of these cells into fibres. In the diphtheritic membrane, that transformation process is not observed. The fibres are formed directly in the beginning, out of the exudation. The attachment of this membrane to the parts on which it is produced, is very much like that of ordinary croup, it is perhaps a little firmer, its tissue being firmer. The disposition of this membrane to *reform* is very remarkable, and is perhaps, one of the most prominent characteristics of this tissue. The membrane of croup is sometimes renewed, but not so often as is the diphtheritic membrane. This membrane like that of croup is prone to extend itself down the trachea, even to the last division of the bronchial tubes. Sometimes it takes its course down the pharynx and the œsophagus into the stomah. There is still another form of this disease, denominated by European writers as "cutaneous diphtheria," which forms upon any abraded surface, more especially that produced by a blister, which is recognized by the occurrence of this same coracious membrane upon the naked surface. From the point affected, an ugly inflammation extends itself in various directions, and if there is a scratch, wound, ulcer, in the neighborhood, it is likely to become covered with the exudation; although it is not likely, when this "cutaneous diphtheria occurs, that you will find a membrane in the throat; hence cutaneous diphtheria is described separately from the *mucous* diphtheria, In some cases of mucous diphtheria. the membrane is formed in the vagina. I am not aware that it has been found in the rectum, although I see no reason why it should not occur there; at least I can not call any case to my mind where it has been found. The most *dangerous* locality for the formation of this membrane, is certainly the *throat.* It is generally regarded as *least* dangerous when it occurs on the *skin,* it being when it forms here, far more ameniable to treatment, though not unfrequently fatal through constitutional influences. If the membrane, when forming in the *throat,* does not invade the *larynx* the chances for recovery are far greater; unfortunately the larynx is very rarely spared, and the patient dies with symptoms of suffocation, resembling those of croup. A certain portion of the children affected with this disease, do not have any membranous formation in the trachea; *these* are the *hopeful cases,* although it is true that the *tendency* of the disease lingers sometimes even after the membranes have disappeared. Dr. Macready, had such a case some time ago. In this instance after some days of treatment, the coracious membrane was discharged, after which the child seemed to be doing very well indeed; all the membrane had disappeared from the throat, and there was no symptoms of its reformation; there was nothing to induce the conviction that there would be any obstruction of the passages, the breathing being easy and natural, the throat clear of all membranous material. The child was then somewhat weak, but still strong enough to take a ride out. One day however, it sank suddenly into a state of collapse, without any known cause, and shortly afterwards died. I had just such a case as this myself, where after the membrane was discharged, the patient seemed to be doing remarkably well; he was well enough to sit up in his chair, although too weak to go about. So far everything was promising; but suddenly, one day, he was seized with a fainting fit' the pulse became more and more rapid, and weak' his face became very pale, looking exactly, as if some internal hemorrhage had taken place, and in this condition he died. You will notice then that this disease has a sequel. There is a constitutional element in it, that does not alone manifest itself in the throat. Nor can we regard it as a trifling affection. It is true that it is not so fatal as membranous croup, because there are a considerable number of cases in which the membrane does not extend itself down into the breathing tubes.

(The doctor then took up the treatment in detail· As it would encroach too much on our allotted space, we give merely the conclusions, deducible from his remarks.)

1st. That inasmuch as diphtheria is a *manifestly constitutional* disease, so must our main reliance be placed on *constitutional treatment.*

2d. As the disease is of an *Asthenic* type, the remedies employed must be such as will give tone to the system. The best of these are the fluid preparations of iron, quinine, etc., together with an invigorating diet, and the occasional use of stimulants.

3d. The administration of mercury with a view of obtaining its *constitutional* effects, is a doubtful ex-

pedient, but the application of *dry calomel* to the ulcerations of the throat is of decided benefit.

4th. The application of the nitrate of silver to the *membrane itself* is of no special service, whereas if applied to the parts immediately around the membrane, it tends to prevent its further extension.

5th. The administration of chlorate of potash, both in the form of a gargle, and as an internal remedy, though not as was claimed, a specific in this disease, is still of some benefit, and should therefore form a part of our treatment.

EDITORIAL DEPARTMENT.

Periscope.

[Translations from Foreign Journals, by O. D. Palmer. M. D.]

Asphyxia from Chloroform Successfully Treated by Faradisation of the Diaphragm, and Methodical Compression of the Abdomen, by Dr. H. FRIEDBERG, of Berlin. From the *Gazette Hebdom.*, Jan. 1., 1860, Paris.—*Case.* It relates to a boy aged four years, from whose eyelid, Dr. Friedberg proposed to remove an encysted tumor. Chloroform, not more at most than four drachms, was administered by means of a sponge fixed by a compress. Dr. Friedberg, whilst occupied in giving some instructions, had confided for two minutes only, the chloroform to his assistants. When he returned to his patient, he remarked that his countenance had suddenly changed, his pulse in the mean time becoming very small. The child made a few rattling inspirations, and then respiration ceased. The face was livid, the eyes expressionless, the extremeties in a state of complete resolution, the tongue adhering to the dental arches. The boy was placed immediately in a sitting posture, the windows thrown open, his face and breast sprinkled with cold water, and caustic ammonia presented to his nostrils. Dr. Friedberg passed a small sponge over the epiglottes, and about the larynx, in order to remove the mucosities that might collect, and to provoke a cough; there were used alternately on the thorax frictions, and flagillations, with compresses wet in cold water. These operations were continued for two or three minutes, when the pulse stopped entirely, the face was that of a corpse, the under jaw fell upon the breast, the pupils were dilated.

Artificial respiration was immediately resorted to, by pressing the abdominal viscera towards the diaphragm, which offered no resistance, and again leaving it to its elasticity, following the normal rythm of respiration. At the end of three minutes, nothing was changed in the state of the patient, the diaphragm not contracting.

Dr. Friedberg then had recourse to faradisation of the diaphragm, by the aid of the induction apparatus of M. du Bois Reymond. One of the electrodes was applied over the phrenic nerve, at the point where the omo-hyoides muscle crosses the external border of the sterno-hyoides; the other electrode, was strongly pressed in the seventh intercostal space. These applications were made alternately, on one side, and then on the other, giving to each the duration of a deep inspiration. After the tenth interruption, a raising of the abdominal parietes was perceived, a sign of contraction of the abdomen, at first only on the side submitted to the current, then on both sides at the same time, and accompanied by a noise analagous to that produced by hiccough. The faradisation was suspended an instant, and the child made three spontaneous inspirations. A sudden and transient redness in the face was perceived, and the radial pulse was felt anew. Immediately, however, the respiratory movement and pulse became more and more enfeebled. We had to be content to return to the methodical compression of the sub-umbilical region, and the means first employed. At the end of twenty minutes from the commencement of this accident, anesthesia began to disappear, the child opened his eyes and cried; the face having assumed the normal color, we proceeded to the operation. The child slept directly afterwards. When he awoke, an hour later, there remained no trace of the suspended animation.

Editors' Remarks.—The methodical compression of the lower abdomen, in order to be efficacious, ought to be made in such a manner, that the viscera compressed will not be forced into the cavity of the pelvis, and should, therefore, be made upon the whole abdomen. In this manner it may suffice alone, in case of chloroformic asphyxia, to reanimate respiratory action. Dr. Friedberg witnessed an example of this in 1851; and Dr Ulrich, of Vienna, has published two cases similar to this. (*Uber Lebensrettung by asphyxia nach chloroform und Ætherienathmunzen*) In the above case, this operation has not had the same effect, and it was the faradisation of the diaphragm, that re-established respiration. These two means,

might and should be employed concurrently, to produce a complete respiratory action. Faradisation appears to have succeeded equally well with Dr. Simpson, in a case of asphyxia from carbonic acid gas.

Whatever opinion we may entertain in regard to the cause of accidents produced by chloroform, the benefits of artificial respiration cannot be denied. With the case of Dr. Friedberg, this was what caused the contractions of the heart, as the action of respiration had began sometime before the return of the pulse. In this respect, we must say it, the above case is exceptionable. In a majority of cases, these phenomena succeed in an inverse order, as is shown by the facts assembled by Lallemand and F. Hartman. With the patient above mentioned by Dr. Friedberg, the radial pulse appeared ten minutes sooner than the respiratory movements. This difference is perhaps due to an action peculiar to faradisation; and which action does not return to simple artificial respiration, produced by excitation of the diaphragm. It is possible, in fact, that the galvanic current may have extended its action to the heart, by having excited the cardiac fibres of the great sympathetic.

However this may be, faradisation, combined with mechanical excitation of the diaphragm, has the advantage over sufflation, in not causing air charged with carbonic acid gas (almost ever injurious to respiration) to penetrate the lungs.

Imperforation of the Hymen—Operation—Death.—In an excellent clinic lesson, published in the "Medical Times and Gazette," Mr. Simpson recently gave a very interesting history of the imperforation of the hymen. It is one of the best *resumes* we have on the subject. We observe, however, that this celebrated accoucher has neglected to signalize an affection which proves rapidly fatal to any woman who bears this vice of conformation; we mean the escape of the fluid contained in the fallopian tubes into the cavity of the peritoneum. This accident, however, has presented itself a number of times, (*vide Kiwisch Klinische Vortraege,*) and Hain has reported a remarkable case of it. Perhaps this case did not appear conclusive to Mr. Simpson. The following fact observed by Dr. Paget in 1852, is sufficient to remove all doubts concerning the possibility of the accident in question:

A young woman, aged eighteen, had presented the usual symptoms of imperforation of the hymen. The whole sub-umbilical portion of the abdomen was occupied by a fluctuating tumor, producing a swelling quite appreciable in the two illiac regions. The incision of the thickened and imperforate hymen, gave issue to a great quantity of a blackish fluid. Injections of tepid water were made, and all went on well during the three first days, at the end of which time an acute peritonitis attacked the patient, and carried her off in forty-eight hours.

At the autopsy there was found a pint and a half of blackish fluid, (*analagous to that discharged from the vagina*) in the cavity of the peritoneum, which last presented the usual characteristics of a subacute inflammation. The uterus was nearly tripled in volume. The fallopian tubes, and the ovaries of each side, had acquired an enormous volume. Each was able to contain a pint of fluid. Upon each of these ovarian tumors, ulcerated perforations were visible, through the ragged borders of which their contents had escaped into the peritoneal cavity.

Dr. Paget confesses that it is very difficult to give a reason for the perforation of the fallopian tubes after the operation, as they communicated freely with the uterus. Perhaps there had been some traumatism, that passed unperceived. Whatsoever besides these might have been, the fact remains none the less, and we must keep it in mind in making our prognosis in similar cases.

Dr. Paget reports another case, in which the incision of the hymen succeeded perfectly. In this case, which presented nothing peculiar in other respects, we had observed as symptoms of occlusion and distension of the parts, a retention of urine, which returned at irregular intervals, more, probably, at the times when the exhalation of the sanguineous fluid was most increased. The tumor however did not extend to the left side of the abdomen, which might have been caused by an absence of the ovary on that side.

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The errors in medicine have usually originated in the speculative conceits of men of superior capacities. The blunders of the weak are usually short lived; but a false theory, with a semblance of nature, struck in the mint of genius, often deceives the learned, and passes current through the world.

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PHILADELPHIA, SATURDAY, FEBRUARY 11, 1860.

THE TREATMENT OF THE INSANE.

One of the greatest revolutions of modern times, is that by which the medical mind has been disenthralled from the antiquated notions in regard to the treatment of the insane, of an age which treads hard upon our own day—whose last footfall covers more than one or two decades of the present century. Institutions that were erected within a quarter of a century, even, are found to have at a convenient height from the pavement, in the stone walls of their diminutive yards, staples and rings to which many an unfortunate sufferer has been chained by the hour; and the sound of the axe has scarcely died away from our ears, that was employed in removing from cold, dark, damp cellars, fearful looking cells, in which many a once bright and shining intellect has expended the few remaining sparks of its wonted fire in efforts to escape from so horrible a confinement. We have seen the marks of their very teeth on the strong bars that imprisoned them, and it needs no vivid imagination to hear the wild shrieks with which these almost superhuman efforts to obtain liberty were accompanied—and all, all tending to increase, rather than ameliorate the condition of the unfortunate victim of mistaken ideas which originated in an age of barbarism, and which christianity and civilization tolerated too long.

But dark as is the above picture, the black lines are not all drawn yet. We must not, however, blacken the canvas with too tedious a detail, and we will only name the lancet, the scourge, the instruments of torture, the shower and plunge bath indiscriminately used, the ice chair, the starvation, and the thousand other appliances which a brutalized intellect brought to bear on sensitive overwrought brains, which, in their diseased condition, needed far different treatment. The world has been slow to comprehend the teachings of the Saviour in regard to the treatment of the insane, as recorded in Luke, chap. viii., verses 26 to 39 inclusive, and chap. ix., verses 38 to 42 inclusive. The passages referred to are worth reading, to show the contrast between the two methods of treatment of these unfortunates then, as compared with that of the present day, with what generally prevailed but a few years ago.

Insanity is no more an evidence of want of brain, than dyspepsia is of absence of a stomach, or than palpitations of the lack of a heart, or pain in the side of the absence of a liver. We are apt to regard these symptoms as evidences of the existence of the various organs named, though in a diseased condition. So is mental abberation an evidence of the existence of a brain in a disordered state, either from disease of its substance, or of some other constituent or function of the organism, manifested through the brain. Excitement of this organ, whether from a sthenic or asthenic condition, should receive prompt, decisive, and at the same time gentle and humane treatment—and the old proverb, *Mens sana in corpore sano* should long ago have taught men where there was a starting point in the treatment of insanity. The spirit of the age, and the observations and labors of medical men, with the aid of some choice spirits "of whom the world is not worthy," have at length aroused civilized man to a proper appreciation of the condition and wants of this unfortunate class, and a great amelioration in their condition is the result, though much still remains to be done. Many—we may indeed say most—of the institutions, in our country at least, devoted to the treatment of the insane, are too large. This is especially true of institutions that are supported by taxation, as those connected with our large cities, as Philadelphia, New York, etc. And another very serious error in these strictly charitable institutions, consists in the fact that the diet of the patients is not of a quality that is conducive to recovery. There is also in this class of institutions lack of ground for exercise and means of employment.

These trite remarks may appear commonplace in a journal which is pretty much confined in its circulation to the medical profession. But there is not enough on the subject

of insanity in the every day reading of the physician. We fear there are some who can yet be enlightened on this subject, even by such common-places as above. In a late report, the superintendent of an insane hospital in one of the British American Provinces, says[1]: "I could mention one locality from which, though it is not excelled by any in Canada for salubrity, a larger proportion of incurable cases have come in than from any other of which I know. Had the physician been without lancets, many of his patients would now be in a more hopeful state. As he has passed from this world of error, I trust to a better, it is to be hoped his successor will be more sparing of the vital fluid in treating the insane who will pass through his hands."

The physician should instruct the public mind in regard to the condition and treatment of the insane, endeavor to correct the notion that it is any more disgraceful to have a disorder of the brain, than of the stomach, liver, or any other organ of the body, and to eradicate the foolish prejudice against sending a friend to an insane hospital for treatment. Above all, they should themselves become acquainted with the principles of the treatment of insanity, and as in its incipient stages the disease generally first comes under the notice of the general practitioner, he should lose no time in recommending the immediate removal of the patient to a hospital for the insane, where alone he can receive proper treatment.

THE MEDICAL SOCIETY OF NEW JERSEY.

This ancient institution held its *ninety-fourth* annual meeting in Trenton, on Tuesday and Wednesday the 24th and 25th ult. For the first time for many years we were not present a pleasure which we were loth to be deprived of; but new and arduous public duties forbade our absence at this time. We doubt not we shall receive from the Secretary a full report of the proceedings for publication.

The President, Dr. J. R. Sickler, read an address on scarlet fever. The following officers were elected for the ensuing year.

President—Dr. Wm. Elmer, of Cumberland county.

1*st Vice President*—John Blane, Hunterdon county.

2*d Vice President*—John Woolverton, of Mercer county.

3*d Vice President*—Abraham Coles, of Essex county.

Treasurer—J. S. English, of Monmouth county.

Recording Secretary—W. Pierson, of Essex county.

Corresponding Secretary—T. J. Corson, of Mercer County.

Standing Committee—S. Wickes, P. F. Brakely, J. C. Johnson.

The following delegates were appointed to attend the next meeting of the American Medical Association.

Drs. L. A. Smith, L. Condit, J. S. English, B. L. Dodd, P. F. Brakeley, H. H. Baldwin, S. H. Pennington, R. M. Cooper, J. B. Coleman, A. B. Dayton, William Pierson, Jr., J. R. Sickler, E. Bateman, J. Miller, S. Lilly and W. Elmer.

Dr. Hunt, of Middlesex county, was appointed Essayist.

The Society adjourned to meet at 7 o'clock, P. M., on the fourth Tuesday of January, 1861.

LONG ISLAND COLLEGE HOSPITAL, AT BROOKLYN, N. Y.

This institution seems at last to have gotten under way, but with a different corps of professors from those at first announced. Brooklyn has a population of 250,000, several well appointed hospitals, and dispensaries, and the circular before us offers a great many advantages to the medical student. The faculty will, however, find that their proximity to New York will be greatly to their disadvantage. They are, however, all of them men of great talent and energy, and their connection with the enterprise ought to insure success. The institution is governed by the rules and principles that govern most of the medical colleges of this country.

The first course of lectures will commence on Thursday, March 29th, and continue sixteen weeks. The following is the faculty:

[1] Quoted by Dr. Hills, in the 21st Annual Report of the Central Ohio Lunatic Asylum.

Austin Flint, M. D. (New Orleans School of Medicine,) Professor of Practical Medicine and Pathology.

Frank H. Hamilton, M. D., (University of Buffalo,) Professor of Surgery.

James D. Trask, M. D., Professor of Obstetrics and Diseases of Women and Children.

R. Ogden Doremus, M. D., (New York Medical College,) Professor of Chemistry and Toxicology.

Joseph C. Hutchinson, M. D., Professor of Surgical Anatomy and Operative Surgery.

John C. Dalton, M. D., (College of Physicians and Surgeons, N. Y.,) Prof. of Physiology and Microscopic Anatomy.

De Witt C. Enos, M. D., Professor of General and Descriptive Anatomy.

Edwin N. Chapman, M. D., Professor of Materia Medica and Therapeutics.

J. G. Johnson, M. D., Demonstrator of Anatomy.

Correspondence.

REPLY TO "DRUGGISTS' MISTAKES, THEIR CAUSE, AND THE ONLY MEANS OF PREVENTION."

The REPORTER of the 21st of January contains a review of that portion of the late annual message of Governor Newell to the Legislature of New Jersey, in which he recommends that, in order to prevent the loss of lives occasioned by the ignorance or carelessness of apothecaries in compounding medical prescriptions, and the haste in which physicians sometimes indulge in writing recipes, the former be obliged to affix to each receptacle, the English, as well as the officinal names of the medicine it contains; and the latter to write out their prescriptions in full instead of using abbreviations and characters.

The author of the criticism complains that he cannot comprehend how the recommendation of the Governor will remedy the evil, and insists that the only security lies in obliging apothecaries to employ none but educated, experienced and careful compounders. Nearly all the mistakes of this kind occur in the cities where the most rigid requirements exist, yet it is readily conceded that this plan affords an effectual barrier against them; but such regulations could not, in all probability, be enacted in New Jersey, or, if enacted, would not be enforced. They would speedily be disregarded as is now the law which provides that any physician who prescribes, without having been previously subjected to all the formalities and examinations necessary to become a legal practitioner, to a fine of twenty-five dollars for every prescription he may make, and renders him ever after ineligible to a license; and, as are also the laws for the suppression of intemperance; against the Sunday traffic in liquor; Sunday travel; and profane swearing. But few druggists, outside of the large cities, *can afford* to employ a regularly educated prescription clerks. In the country, and even in many of the large towns, the plan is *utterly impracticable*, and would entail upon physicians the necessity of compounding their own medicines. In view of these palpable facts the recommendation of the Governor will avail to abate much of the evil he strives to prevent; for, whilst the English name will not in any degree embarrass the educated druggist, it would serve to attract the attention of the unskilled apprentice or clerk to the nature of the medicines called for, and especially in the use of the more dangerous, induce a greater care in their preparation. For example the term "laudanum" will convey to such an one a more distinct idea of the medical property of the article than "tinct. opii"; "paragoric," than "tinct. opii camph"; "calomel," than "proto. chlor"; "corrosive sublimate," than "hyd. dewto. chlor. hyd"; "lunar caustic," than "arg. nit. chrys"; "white arsenic," than "arsen. alb"; "croton oil," than "ol. tig." And the illustrations might be extended to many other equally powerful and dangerous medicinal agents. The United States Dispensatory invariably gives with the officinal, the English names of medicines.

The writer of the article in question thinks that "it would have a queer look to see a jar labelled "extract of stink weed," instead of "ext. stram;" or for "tinct. assafœtid," to read "tincture of devil's dung." Euphony is worthy of but little regard when weighed against human suffering and human life, yet this need not be violated in adopting the Governor's suggestion. He reccommends the use of the English, not the *vulgar* name, which even in the extreme cases presented would, by authority of "Wood & Bache," in place of "stink weed," read "thorn apple," and "devil's dung," "assafœtida," names by which they are universally known.

The critic is "at a loss to understand how the abbreviations now used in prescription writing are more liable to be written incorrectly than if written out in full."

Dr. George B. Wood, recognized as *authority* upon this continent at least, if not throughout the civilized world, in all questions pertaining to materia medica, advises physicians *to write out the full name of the medicine*, and in the examples which he gives *invariably* follows this precept. Abbreviated prescriptions are intelligible enough to an educated person when

distinctly written, or in print, but they are often drawn up in great haste, with a soft pencil, on a piece of newspaper or other flimsy material, crumpled up by the messenger, and hurried off to the place where medicines are sold, when the blurred condition of the paper may serve to increase the similarity of the names of medicines having diverse properties, as well as that of characters indicating widely different quantities. A very slight change will make "sulph. quinæ" appear to be "sulph. morphæ," and one not entirely familiar with the usual proportions of medical prescriptions might readily, in the condition of the paper described, mistake the symbol which designates an ounce, written thus ℥, for a drachm, written thus ʒ, or for a scruple, written thus ℈, for a pint, written thus O, or the abbreviation for grains, written thus, gr, for drops, written thus, gtt, and be unable, owing to its apparently contradictory character, to make up the prescription, or be obliged to guess at its meaning, and it may be commit an irreparable mistake certainly not so likely to occur were the names and quantities written out in full.

There is nothing in Governor Newell's moderate and practical suggestions which merits the insinuation that they are designed to pander to "popular sentiment;" to place an undeserved responsibility upon his medical brethren; or to shield careless or ignorant druggists. Indeed, it is worthy of consideration whether the convenience and reputation of physicians, and the health and lives of the people, would not be better secured if the profession would relinquish entirely the use of the mysterious characters, and abbreviations from a dead language, which now confound the unlearned apothecary, and substitute, fully written, English prescriptions. * *

Philadelphia, Feb 6, 1860.

EDS. REPORTER:—In a recent number of the REPORTER a denial is made of the assertion of Dr. Austin Flint that Dr Dalton and himself are the only teachers of physiology in this country "who attempt to illustrate it by vivisections and demonstrations." That this claim to exclusiveness cannot be sustained is proven by the names of two gentlemen, cited by you, who have been in the habit of thus illustrating their teachings. It struck me that a singular omission had been made of the name of Dr Francis G. Smith, late Professor of the Institutes of Medicine in Pennsylvania Medical College.

Dr. Smith has been in the constant habit of illustrating his public lectures by experiments upon living animals both warm and cold blooded, and of affording also to his classes opportunities for the microscopical examination of various vital phenomena, which so far as my knowledge extends are not given by other medical schools of this city.

Your notice of this communication would do justice to an able expositor of this science, and would gratify

A STUDENT.

News and Miscellany.

Vital Statistics.—The Sacramento, Cal. *Daily Union* for Jan. 2d, comes to us with very full and complete vital statistics of that city for the year 1859, which were chiefly prepared by Dr. Thomas M. Logan, who is one of the most industrious statisticians in our country. These statistics are exceedingly valuable, and all our large cities should be as particular in keeping their vital records as the authorities of Sacramento Seem to be.

Army and Navy Intelligence.—A Board of Naval Surgeons will meet in this city on the 1st of March, for the examination of candidates for admission into the Medical Corps. Application for leave to appear before the board for examination must be addressed to the Secretary of the Navy, and be accompanied by testimonials as to moral and physical qualifications, also to show that the applicant is over 21 years of age, and under 25.

Assistant Surgeon T. H. Williams, having relinquished the remainder of his leave of absence, has been ordered to repair to Fort Arbuckle, C. N., and relieve Assistant Surgeon J. J. Gaenslen, who will then proceed to the Head-quarters of the Department of Texas, and report for duty to the Commander thereof.

Assistant Surgeon, P. A. Quinan has been assigned to duty with the company ordered to take post at Aleatraz Island.

Autophagy.—The Art of Eating One's self.—At a late meeting of the French Academy of Medicine, a very singular paper was read on autophagy, spontaneous and artificial. M. Anselmier, the author of the paper, bases his theory on the fact that the body, when deprived of its ordinary nutriment, consumes itself, until, as its substance wastes away, its temperature fails and death ensues. He has proved by experiments that the most economical method for self-consumption is to keep up the ordinary process of nutrition by slight bleeding and drinking the blood. Of two animals in a similar condition, one of which he starved, and the other fed upon its own blood alone, the latter lived several days longer than the former.

French Provincial Quackeries.—Our French brethren, it seems, have to run the game of concurrence with as great a variety of irregular Practitioners as we have to deal with in this "Island of the Blest." A country doctor thus writes on the subject of a town friend:—You know, for you have seen him at his work in the public squares, the dentist with his big box and trumpet, competing with the occulist, who will remove your cataract, etc., etc., on his cart. Next comes the Farrier, who after a few signs of the cross reversed, and some diabolical words, restores all sprains and dislocations. Sometimes he tumbles on a fracture, and then good luck to the patient. Then we have a sister called of Charity, who reduces dislocations that never existed, and cures a fracture in nine days by the aid of an impossible apparatus. A urine-consulter cures you of your evils by simple drugs, which he makes you pay right dear for. The sorcerer, who tells the fate of man and beast, has all sorts of bold prescriptions. I know one who made a woman suffering from ague swallow three *pediculi capitis* in the yolk of an egg. Then we have the matron, or sister of the school, who will bleed any living soul for a pound of butter; and the old woman with her gossip, and her *neuvaines;* and the pig butcher—*ad infinitum.* But what is most deplorable is that we find here and there men, usually well instructed curés, who imagine after reading some few books on medicine, that they can treat a man like the best of us. When the patient is in *extremis*, then they send for a doctor. It is useless reasoning with such; these gentry are deaf to reason, and begin the same thing the next day. But the greatest plague of all is the doctor, who establishes himself for fifteen days in the neighboring town. His name and quality is learnt by flaming placards. One is raspaillist, another homœopath, occulist, auriculist, electropath, magnetiser, or what you like. Here a note for two or three hundred francs is required for a prescription."—*Med. Times and Gazette.*

Cannabis Indica.—We have received from Tilden & Co, New Lebanon, N. Y., a very fine specimen of extract of Cannabis Indica, which we have used with much satisfaction. We doubt whether it is inferior to that of Squires, of London, which has the reputation of being the best in the market. Tilden's has the advantage of greater consistence. This remedy is not used as much as it should be, partly probably from the fact that it has so often proved unreliable.

Adulteration of Liquors.—Dr. Hiram Cox, Inspector of Liquors at Cincinnati, in a late report on their adulteration, relates that he observed one day, in a grocery store, a man shedding tears and gasping while drinking a glass of whiskey. He called for some of the same, and a piece of litmus paper, dipped in it, turned scarlet. He took the liquor to his laboratory, and the analysis gave seventeen per cent. of alcoholic spirits, instead of forty, which is proof, the difference being made up with red pepper, caustic, potassa, nux vomica, &c. One pint of such liquor would kill the strongest man.

Mortality of the Professions.—The average age of the clergy who have passed their 50th year is 74·04 years; that of the physician, 72·95 years. "If comparison is made, however," says the *Edinburgh Review*, "between the highest grades of the two professions, between archbishops and bishops, and baronets who have filled the posts of physicians and surgeons to the sovereign, the latter have the advantage by four years; and in both cases the lawyer lags behind in the race with clergymen and physicians—with the latter, in his ordinary rank, by a few days only, and with the class of medical baronets, as compared with judges, upwards of four years: how much hard study, alternated with tawny port, has to do with the difference, we should hardly like to say."

American Surgical Instruments.—We made lately some remarks in regard to the eminent surgical cutlers and bandage makers of this city, and the perfection to which they have developed their important arts. A comparison of American and European instruments has been recently made by Dr. Nott, who spent some time in Europe for the purpose of purchasing a large supply for the new Medical College of Alabama. He explored thoroughly the principal cutlery establishments in European cities, and was disappointed in his expectations of getting better or cheaper instruments than in this country, and regrets not having made his entire purchases in Philadelphia or New York.

The heavy graceless instruments of English manufacture, or those more ornate and complicated of the French, will not, for efficiency and neatness, compare with those now made in the principal American cities.

There is in the Chelsea Hospital, England, a soldier aged one hundred and five years.

Inter-mural Interments.—The subject of inter-mural interments, which practice has been almos discontinued in London, and the disposal of the abandoned grave yards, is exciting much attention Some of the grounds are elevated many feet above the general level by the accumulation for centuries of human remains. Thirty-six thousand tons of human relics are decaying in them.

Dr. Letheby, whose name is frequently associated with London sanitary matters, thinks that the using the grave yards for building purposes would, by exposing so much decomposing material, be extremely dangerous to the community, and that it would be dangerous to the occupants of dwelling houses built on ground containing so much corrupting material. He thinks that the soil in these places should remain untouched for many years to come.

Dr. Bell of this city, some time ago presented, by authority of the Philadelphia County Medical Society, a report on the subject of inter-mural interments to the City Councils, but we have not yet heard of any action of that body in regard to the matter.

The *Lancet* makes the following remarks in relation to the tombs in the churches :

None but those who have actually inspected the burial vaults of some of our churches, can form an adequate idea of the physical and moral horrors of the scene. Respect for the dead ! You see those costly and once solid coffins slowly but surely rotting away ; the sweltering corpses within emitting a horrible unctuous liquid, and generating putrefactive gases which attack the lead, eat numerous holes, and make their escape ; the wood rots ; the lead sinks in under the superincumbent weight ; decomposition is accelerated, and the most deadly vapors are diffused. But not so revolting or so deadly as to screen those poor remnants of vanity from desecration. The vaults have in several instances been entered by thieves who have stolen the wood for burning, and the lead for melting. Even those elaborately ornamented plates upon which were engraved the names of the buried have been removed, thus not leaving a trace for the identification of those remains which were supposed to rest in hallowed security in the sanctuary of the church. The leaden coffins once pierced by the agency of putrefactive gases, or stripped by the sacrilegious hand, corruption has full play. The vault becomes a laboratory of the most subtle and dangerous poisons. Through chinks in doorways, through bricks and mortar, through slabs of stone, and through ventilating grates, the foul gases make their way. Their generation cannot be stayed, nor can they be imprisoned. Under the influence of that silent but never ceasing law of gaseous diffusion, the vault keeps up a constant interchange of its products with the surrounding atmosphere. Thus diluted, but ever renewed, the horrible miasm steals along, and spreads throughout the church. The process is at times quickened by natural agency, and at times by the unconscious ignorance of man. In the summer, under peculiar thermal, barometric and static conditions of the air, not only does putrefaction proceed more rapidly, but gaseous diffusion or admixture goes on with increased energy. If the air is hot and still, with no currents to dilute and bear away the venomous gases as they escape from the vault, then they hang about the immediate vicinity in greater concentration, and act upon the unconscious worshippers with more deadly force. In the winter a similar effect is produced by the agency of fires and lights. The rarefaction induced by heat in the body of the church brings up currents of air laden with the products of the vaults ; and in some places, the inspections have brought to light contrivances for warming that would seem to have been designed for the express purpose of diffusing the vault gases into the lungs of the congregation. Stoves were found in the vaults adjoining the charnel-houses, which threw up warmed air drawn from this delectable source into the aisles ! What perverse ingenuity ! Surely there was and is room for the reforming march of the medical health-inspector. Did clergy, churchwardens, clerks, or congregations know these things, or did they trace to their true cause the heavy air that oppressed the sense as they entered the church, and the sickness that not seldom accompanied the worshipper home ?

The measures taken to put an end to or to mitigate this monstrous evil are—first, the abolition of all church burials for the future ; secondly, the disposal of the existing corpses in such a manner as to render the escape of the products of decomposition impossible, or much less active. The vaults have been opened for ventilation, and then fumigated with chlorine ; the coffins have been disposed in decent order on a level, covered with two feet of dry earth, and over this has been laid a stratum of vegetable charcoal two inches thick. In some cases ventilating shafts have been carried from the crown of the vaults to the roofs of the

churches, in order to discharge the gases, all other outlets being closed. That these measures are generally calculated to effect the object contemplated, we have every reason to believe. But we are of opinion that in particular instances, where the vaults are so situated as to admit of free thorough ventilation by large windows, the special shafts may be usefully dispensed with, especially where the church stands in a large open space remote from houses, and exposed to the wind from all quarters.

Operative Physiology.—We recently mentioned the names of some teachers of physiology in this city who are in the habit of illustrating their courses by vivisections. We have been since informed that Dr. F. G. Smith has been in the habit of thus illustrating his course during and since his connection with the Pennsylvania Medical College. His successor Dr. J. A. Meigs has also been in this practice, and in the *Chicago Medical Examiner* a similar claim is made for Drs. Deville and Hollister of the Lind University.

It is estimated by M. Bouquet that upwards of two millions of pounds of bi-carbonate of soda are annually discharged from the mineral springs of Vichy, in Germany.

The Nurses at Brescia.—The Emperor Napoleon has sent a gold medal to the ladies of Brescia, as an acknowledgment of their attention to the wounded after the late battles.

Liebig, whose leg was some time ago broken, is again confined to his bed by further injury to the same limb.

The French "Black Doctor" has been sentenced to fifteen months imprisonment, and a fine of five hundred francs.

In a case before Justice Conlon, the other day, in Indianapolis, wherein one physician claimed pay from another for visiting his patient at his request, it was shown in evidence that it was a custom with physicians not to make charge for visiting another's patients when requested by the physician in attendance to do so. The Justice held that custom made law, and that the complaining physician would have to abide by the rules and regulations of his profession.—*N. Y. Medical Press.*

To Correspondents.

We have received Reports of the Central Ohio Lunatic Asylum, Dr. Hills; of the Eastern Lunatic Asylum of Kentucky, located at Lexington, Dr. Chipley; and of the New York city Lunatic Asylum, Dr. Ranney.

Dr. P., Englishtown, N. J.—Bullock & Crenshaw, of this city have forwarded some vaccine matter to you by mail.

COMMUNICATIONS RECEIVED—*Alabama*, Dr. E. H. Sholl—*Georgia*, Dr. Johnson Matthews, (with encl.)—*Indiana*, Dr. A. B. Butler, (with encl.)—*Kentucky*, Dr. John D. Jackson—*Maine*, Dr. S. A. Bennett—*Mississippi*, Dr. B. J. Scott, (with encl.)—*New Jersey*, Dr. J. S. Cramer, (with encl.,) Dr. Wm. A. Newell, Dr. W. Elmer—*New York*, Dr. Chas. D. Smith, (with encl.,) Tilden & Co., J. Winchester, Dr. Ch. F. J. Lehlbach, Mr. A. D. F. Randolph—*North Carolina*, Dr. W. J. Bullock, Dr. J. F. Freeman, Dr. J. H. Williamson, (with encl.,) Dr. H. Terrell—*Pennsylvania*, Dr. R. B. Mowry, (with encl.,) Dr. O. D. Palmer—*Virginia*, Dr. W. Washington, (with encl.)

MARRIAGES.

WILSON—CRUM—In Cass county, Ill., Jan. 12th, by Rev. J. P. Johnston, J. F. Wilson, M. D., of Manard co., to Miss Sarah M. Crum.

WORTHINGTON—KIMBER—On fourth day, 1st inst., at Twelfth street meeting house, Dr. J. H. Worthington to Mary M., daughter of Thomas Kimber, all of this city.

DEATHS.

BOWEN—At St. Catharines, C. W., on Friday, Jan. 20, of consumption, Dr. Charles Ap A. Bowen, aged 28 years. Dr. Bowen was extensively known in this city, having passed his medical pupilage in the office of Prof. Austin Flint, and graduating at the Buffalo Medical College in 1853. Immediately on receiving his degree, he accepted the position of Demonstrator of Anatomy in the Geneva Medical College, and in the following year received the appointment of Professor of Anatomy in the same institution. In May, 1855, he received the appointment of assistant surgeon in the British army, and it was his intention to repair to the Crimea, but his health, always delicate, prevented him, and we believe he never entered on any active duty under that appointment. For two or three years past he has been a resident of St. Catharines, C. W., where his high order of medical attainments made him highly respected.—*Buffalo Courier.*

KEYSER—At a special meeting of the Medical Board of the Philadelphia Hospital, held February 9th, 1860, for the purpose of expressing their feelings on account of the death of Elhanan W. Keyser, Esq., late President of the Board of Gurdians of the Poor of the city of Philadelphia, the following preamble and resolutions were unanimously adopted:

WHEREAS it has pleased Almighty God, the Sovereign Ruler of the Universe, to call away from his sphere of honor and usefulness, the late Elhanan W. Keyser, Esq., therefore be it

Resolved, That while this Board bows in humble submission to the mandates of One who never errs, nevertheless they cannot but express their heartfelt sorrow at the decease of him who has filled with honor to himself and great advantage to the community many posts of usefulness and responsibility.

Resolved, That by the death of Mr. Keyser this institution has lost a counsellor in whose judgment all could confide, the poor a friend whose ear was ever open to their complaints, the sick and insane an almoner always ready with open hand and heart to minister to their sufferings of body and mind, and the city of Philadelphia an officer jealous of her interests, honorable in character, and of integrity untarnished.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 174. } PHILADELPHIA, FEBRUARY 18, 1860. { NEW SERIES VOL. III. NO. 21

ORIGINAL DEPARTMENT.

Communications.

Abstract of the Report of Dr. Wilson Jewell, on Meteorology and Epidemics for Philadelphia for the year 1859; read before the College of Physicians at its last monthly meeting, Feb. 1st.[1]

The mean temperature of 1859 was three-quarters of a degree below that of 1858, and about two-tenths of a degree above the average for the last eight years.

97° was the maximum temperature for the year, and 2° below zero was the minimum.

The warmest day was the 13th of July, while the coldest day was the 10th of January.

The winter and spring were about 3° above the average temperature for the last eight years, while the summer and autumn were nearly 2° below the average.

The amount of rain that fell during the year was 54¼ inches, which was 10 inches more than the average for the last eight years. It was more than 13 inches greater than the quantity which fell in 1858.

The deaths in our city for 1859 amounted to 9,742. This number was less by 955, or 9 per cent. than those in 1858, and 12.19 per cent. below the average for the last four years.

Compared with the returns of deaths and their ratio to population in the following named cities, it will appear that our city presents a very high standard of salubrity; equal to, if not surpassing the most healthy city in the world.

	Population.	Mortality.	Ratio of deaths to population.	Deaths to each 1,000.	Per ct. of deaths to population.
Providence,	52.000	982	1 in 52.09	19	1.83
Boston,	180,000	3.738	1 in 48.15	21	2.07
New York.	800 000	21.645	1 in 36.69	27	2.70
Philadelphia,	625,000	9.742	1 in 64	15	1.55
Baltimore,	253,009	5,039	1 in 50.02	20	2

The greatest inequality will be seen to exist between the death rate to population of our own city, and that of our sister city, New York. These figures will furnish some idea of the healthiness of the two cities. Notwithstanding the disparity between the deaths in Philadelphia and those in New York when compared with the population of each city, the City Inspector of the latter city says in his last report that, *New York city, at this day, can lay claim to the privilege of being numbered with those of the most healthy in the world.* It is unnecessary to offer a single comment upon this very extraordinary statement, when the figures contradict so positively the assertion. Philadelphia shows a death rate of 1 in every 64 of the population, and New York 1 in 36.09!

It is to be regretted that the inspector did not avail himself of the above statistical information. The death pressure upon population in New York is nearly double that in Philadelphia.

The city of Providence in a sanitary aspect has been characterized as a model city, and yet a comparison of the figures in the above table shows, that the death rate in our own city was as 1 in 12 less than in Providence.

No epidemic has befallen our city, nor have the usual endemics prevailed to any extent during the year. In many instances the diseases of the different seasons have been less frequent and more mild in their character.

[1] We are indebted to Dr. Jewell for this abstract, and for his promptness in acceding to our request for its early publication.

During the fall and winter months, and in the early spring, croup and inflammation of the bronchia and lungs among children were the prevailing diseases. With croup, there was observed the steady increase in the number of fatal cases that I have alluded to in several former reports. In inflammation of the lungs the deaths did not reach the number recorded for 1858. There was nothing however unusual in any of the winter diseases beyond their usual characteristics.

Scarlet fever, which had prevailed to a great extent for several previous years, was still among us when the year opened. For the most part the cases which occurred did not present a highly malignant type of fever, and yielded readily to a mild treatment. The deaths however were nearly equal to those of the former year, and amounted to two hundred and thirty-two.

I cannot omit to mention in this place the appearance of a few cases of diphtheria, or malignant or putrid sore throat. Towards the latter end of the year these cases increased in number. Several of them, I have understood, were fatal, but whether they were certified to and classed in the record with sore throat, scarlet fever or croup, I am unable to determine, as I find no death recorded from diphtheria. I did not witness a single malignant case of this fatal disease in my own practice, but in a number of cases of sore throat accompanied with high fever, vomiting, frequent pulse and red tongue, which came under my care, I observed a remarkable tendency to congestion of the mucous tissue of the fauces of a dark livid hue, and in a few instances to the exudation of a whitish plastic lymph tending to ulceration. These cases were accompanied with great debility of the system. They were evidently characteristic of the epidemic form of diphtheria, but in a mild type, as none proved fatal.

None of these cases were in any manner involved with scarlet fever, and in one instance the patient had passed through that disease a few months previously thereto. Nor did any of them resemble croup.

How nearly this malignant form of disease, which has prevailed in several of our large cities and towns to an extent sufficient to create alarm, is identified with scarlet fever or with membranous croup, or whether it derives its origin from a distinct and peculiar poison, becomes an important question for solution. The indications are, that ere long we may have to combat with this formidable enemy, which as yet, particularly in its malignant type, has defied in a majority of instances, the most watchful and judicious treatment.

The invasion of cholera infantum took place about the usual period of the summer, and was most prevalent in July. Its ravages by death, however, were not so great, by 254, as during the previous year. The number of deaths recorded were 408, a lower mortality, compared with population, or deaths from all diseases, than has occurred for many years. The cause of this remarkable diminution in the deaths from this infantile epidemic may be ascribed, in part, to the favorable condition of the summer heat, which was two degrees below the average for the previous eight years—to the absence of a choleraic influence, and the increased facilities for hygienic protection afforded that class of the population, who are deprived of the advantages of a pure atmosphere in their ill-ventilated honses. Thus by cheap rides in easy and commodious city railroad cars, in almost every direction, they reach, within a few minutes, the rural environs of our city, and there, with their feeble, sickly, and emaciated offspring, enjoy the luxury of inhaling the pure, cool and invigorating air of the country.

Of the entire number of deaths for the year, 5,157 were males, and 4,585, were females. An excess of 12·52 per cent.

Still-born children foot up 658 during the year. These, with deaths from casualties of various kinds, and from debility, and old age, numbering in all 1,709, should be deducted from the total mortality, if we would ascertain the deaths from morbific causes. By this analysis, there will be found only 8,033 deaths, or one death in every 76·5, of the population, have been caused by diseases. This view will

present the sanitary condition of our city in a still more favorable light.

Before the expiration of the first year of life 2,969 children perished, exclusive of still-born. Before the tenth year there perished 5,005, or 51·37 per cent. more than one-half of the annual mortality.

This large proportion of waste of infant life in our city, presents a sad picture of the prevalence of sanitary evils, and of mismanagement on the part of parents and others, who have the oversight of this interesting portion of our population.

The deaths under twenty years were 5,415, while those above that age were 4,327. This division gives 55·58 per cent., of the mortality to the children, or those under 20—that period constituting the division line between adults and minors. In 1858, the deaths in New York city, of those under 20, were 67·70 of the whole number, an excess of 14·32 per cent. over our own city for the same year.

Consumption of the lungs furnished 1,505 deaths. This amount is 9 per cent. less than in 1858. Contrary to what is usually observed the male deaths were in excess of the female 7·57 per cent.

The deaths from this disease were equal to 19 per cent. of the total mortality. To the population they were as 1 to every 415·29—or as 2·40 in every 1,000.

The heaviest mortality from consumption, in any decade of life, was between that of 20 and 30 years.

Convulsion claims 520 deaths, and maintain an ascendancy over any other disease of infancy in swelling the bills of mortality.

The number of deaths from the various fevers amounted to 560. This limited amount exemplifies the healthy condition of our city, when placed in comparison with those of former years, and with the deaths from fevers in other large cities. The proportion to all causes, exclusive of still-born, was, as 1 in every 13, or 7·16 per cent.

The deaths from scarlet fever give 232, nearly equal to those in 1858. The epidemic influence still lingers with us, and, according to the returns for the last quarter of the year, may be on the increase.

Of deaths from small-pox, but two occurred during the entire year, and none from varioloid.

I cannot refrain from expressing the conviction, judging from the evidence afforded by the statistics of former years, that, ere long, our city may suffer from an epidemic influence, which shall inflict upon us that most loathsome of all diseases, small-pox. Adopting this opinion, I regret to add, that we are by no means in a proper state of protection, as far as relates to prophylactic measures, to contend with this dangerous enemy to life—from the fact, that for several years public vaccination has been fearfully neglected, through the supineness of our public authorities in declining to appoint collectors of cases for vaccination as in former years. As a consequence of this omission, only 195 persons were vaccinated, under this ordinance, during the year. No censure, whatever, can be laid upon the medical gentlemen, appointed by councils as vaccine physicians. Their duty is, to vaccinate, gratuitously, all persons who call upon them at their offices, which duty they have faithfully performed. The imperfection exists in the want of collectors of cases, who shall make house to house visits in the several wards, and gather the names and residences of the hundreds of children, and even adults, who are unprotected by vaccination, and who, in the event of an epidemic of small-pox, may fall victims to its ravages. For the past six years, but few of those, for whom this humane ordinance is intended, have undergone the process of protection, when compared with the many who received its benefit in previous years, under the ordinance recognizing collectors of vaccine cases. On more than one occasion the board of health have called the attention of councils to the importance of an improved system of vaccination, but without any favorable response. The medical profession have spoken their minds freely on this subject, and in the event of an epidemic of small pox visiting our city, in its present unprotected state, as far as public vaccination is concerned, let the censure fall where it properly belongs.

Operation for Procidentia Uteri, by R. J Levis, M. D., Surgeon to the Philadelphia Hospital.

Reported by J. W. LODGE, M. D.,

Resident Physician.

Mary Birch, aged twenty-nine years, was admitted into the Philadelphia Hospital February, 1858, suffering with procidentia uteri, of four years duration. The procidentia appeared soon after a complicated instrumental labor.

The patient was anæmic and debilitated, her system vitiated by venereal taint. Her sufferings from the dragging pain, inflammation and ulceration of the protruded parts, and difficulty of urinating, were very great, obliging her to spend much of her time in bed.

From the time of her admission until November last, the varied resources of the physician and obstetrician had been employed in vain; the different forms of pessary, globe, ring, horse-shoe and others, had been introduced, all being either inefficient or intolerable, the patient declaring that they not only increased her local distress, but, by the irritation they produced, impaired her genera health.

At this time it was determined by Dr. Levis to attempt relief by an operative precedure. After the administration of an anæsthetic, the patient being completely influenced, was placed on her back with her hips at the lower edge of a high bed, in the usual position for the operation of lithotomy. The prolapsed parts were then carefully examined.

The uterus and bladder were greatly prolapsed, the former with the inverted vagina protruding some distance through the os-externum. The os-uteri was ulcerated, and all the prolapsed parts irritable, and covered with a whitish disagreeable secretion. The anterior wall of the vagina, with the bladder, protruded in front and somewhat in advance of the mouth of the uterus. A catheter introduced into the urethra passed in an outward direction.

The organs were replaced in their normal positions, and retained so by a speculum, of the form suggested by Dr. Sims, for operations in the vagina, which served also well to dilate the cavity. The following operation was then performed:

A V shaped outline was made on the posterior wall of the vagina, with the scissors and toothed forceps. A triangular surface on the mucous membrane of the vagina, included in the above outlines, with its apex near to the os-uteri, and the base along the edges of the labia, was slowly and carefully pared away with the knife and scissors. Silver wires were then introduced into the edges of the mucous membrane of the vagina, extending across the excised surface, so that when the edges were approximated, and the wires tightened and twisted, the vagina would be made extremely narrow. Twenty interrupted sutures were in this manner introduced, a row of them forming a vertical line in the vagina, and another row at a right angle to it, extending along the vulva to the posterior commissure.

The vagina was thus so narrowed that one finger only could by pressure be introduced into it.

The patient was placed comfortably in bed, with the hips raised so that the superincumbent viscera should not by gravitating press on the stitches. A wet towel was applied to the vulva, the urine frequently removed with a catheter, the patient kept at rest, and the bowels constipated with morphia.

Immediate union took place along the whole excised surface, not a single stitch yielding. The sutures, on account of the inconvenience of removing them from such a narrow cavity, were allowed to remain after the union was completed, supposing that they would in a short time loosen, but after the lapse of eight weeks many of them were found still holding, producing no irritation, and were at that time removed.

No protrusion of the uterus is now possible, and the condition of the woman is much improved and her sufferings relieved. The bladder with a fold of the anterior wall of the vagina still present at the narrowed vaginal orifice, and some irritation at the neck of the bladder continues. This is, however, decreasing, but should it not be removed, the ante-

rior wall of the vagina may, by a slight operation, be narrowed so as still better to support the bladder.

The patient seems to be regaining her health, and is now able to attend to ordinary duties.

This operation is one of those in which the metallic sutures, if not essential, add much to the probability of success.

The frequency and often, to ordinary palliative methods, intractable character of the infirmity among those who are obliged to undergo continued exertion for a subsistence, and the exhausting suffering which attends it, make the condition one well deserving the consideration of the surgeon, and its relief a triumph for humanity.

On the Use of Chlorate of Potassa.

By F. McGrath, M. D.,
Of Pittsburgh, Pa.

This salt, so long neglected as a remedial agent, and now so generally used in affections of the gastro-intestinal mucous membrane, is by most practitioners highly recommended, while some, more guarded, caution against its supposed toxical properties, and a few seem to consider it as almost inert. Having had some experience in its use, I deem it right to add my mite to the general fund.

For several years past I have had medical charge of an orphan asylum, very many of the inmates of which, during the years 1855 and 1856, suffered severely from an epidemic ulcerous stomatitis, in some cases of a very intractable form, with ulceration round the anus, which greatly increased their misery. The usual local and general treatment in such cases, with an improved dietary and cod liver oil, did either cure or improve their condition; but relapses and new cases were so frequent that the disease seemed to have acquired for itself a local habitation in the institution. An able report from the pen of Dr. Hutchinson, in *Braithwaite's Retrospect* for January, 1857, attracted my attention, and I determined to give the chlorate a fair trial. My patients were all children under 10 years. I gave the salt in 3, 5 and 10 grain doses, according to age, in combination with 1 gr. of Dover's powder, to allay irritation, three times daily in a little syrup, all other remedies being discontinued except the occasional local application of solution of nitrate of silver. The improvement was truly gratifying, even in the most obstinate cases. From its use every trace of the disease is long since banished the institution and our orphans freed from a terrible scourge. So much for its efficacy in endemo epidemic stomatitis.

I have tried it with good effect in some cases of ozena in adults in half ounce doses in solution. In a severe case of ulcer of the pharynx in a female, assuming all the appearance of a gangrenous eschar, I ordered it in similar doses, but found it necessary to aid its effect by the strong solution of nitrate of silver.

As to its use in diphtheria I have not had sufficient experience, as very few cases of that disease have come under my notice. In one, occurring in a soft unhealthy child, it terminated fatally, the disease having spread into the larynx. In two others I was more successful, but think the strong solution of nitrate of silver had as much to do with the cure as the chlorate, though I relied on it as an internal remedy. The other six or eight cases were almost too mild to be classed in this disease, but I may attribute their mild character to timely treatment and the early use of the chlorate, which I gave in solution in small doses in each. Whether the chlorate of soda may not be equally efficient in those cases I cannot say, but I feel satisfied that we possess in the chlorate of potassa a safe and certain remedy in all ulcerated states of the mucous surfaces of a non-syphilitic character. As to its toxical properties, they certainly are not apparent in the medicinal doses likely to be made use of, which I think in no instance need exceed a drachm.

Elias Ashmole the author of "Theatrum Chemicum Britannicum," in his diary, April 11th, 1681, says "I took early in the morning a dose of good elixir and hung three spiders about my neck, and they drove my ague away—Deo Gratias!"

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL,

FEBRUARY 4TH,

Servive of Dr. Francis G. Smith.

Dr. Smith, after a few introductory remarks upon the motives which had led him to seek the position which he occupied, the chief of which was that he might have more extended opportunities for the investigation of disease, and be the better prepared for the practice of medicine in his more private sphere; introduced himself to the class frankly as a student of medicine; older, perhaps, and more trained in the investigation of disease than some whom he addressed, but none the less a student himself. He felt that he stood on common ground with those who listened to him; that a sympathetic tie connected him with those younger in the same pursuit. His object was to teach clinical medicine—medicine at the bedside. In entering upon the duties of his course, he felt that there were several points which it was imperatively necessary to impress on the minds of the class. Foremost among these were unvarying kindness, prudence and patience, to be exercised towards the sick; next was the importance of system in the examination of patients. He dwelt upon the importance of cultivating a systematic mode of examination, and explained the mode of Roslan as adopted by Bennett.

Pathological Specimens. 1*st. Latent Pneumonia Lungs and Brain.*—This was a case which had been presumed to be pleurisy. Its history could not be obtained from the patient, as when he entered the hospital he was evidently laboring under confusion of the intellect. His pulse was a little above the normal standard, then there was a slight pleuritic hacking, somewhat hurried respiration, cutting pains in the right side, but no marked pyrexial symptoms. The physical signs observed were bronchial respiration and slight friction sounds on the right side. These continued for a day or two, when slight crepitant rales in the left lung led Dr. S. to suspect pneumonia. This sign changed rapidly to subcrepitant and submucous rales and gurgling. The patient sank rapidly, became decidedly delirous, and died in the evening of the day before yesterday. The case was one of latent pneumonia.

Inspection of Lungs and Brain.—The right lung was in the state known as hepatization; it was perfectly solidified. The left lung exhibited the engorgement of pneumonia in its first stage. When squeezed, there exuded from its cut surface a frothy serum, which was one of the pathognomonic signs of early inflammation of the parenchyma of the lungs. It floated upon water. From the right lung, when cut and pressed between the fingers, only a bloody serum was expressed. No air could enter the vesicles; they were entirely obliterated This lung sank in water. Thus much as regarded the chest:—The condition of the brain explained the delirium under which the patient labored. In this disease we often had this symptom: it depended in this case, not so much on the disturbance of the respiratory system, and the accumulation of matters which should have been eliminated from the blood, as it did upon a congestion of the brain, and a meningeal inflammation. There were traces of recent lymph upon the surface of the brain. This case, Dr. S. remarked, was one of interest in consequence of the difficulty in regard to the subjective symptoms and the resulting obscurity it presented in its course as well as previous history, and illustrated the extreme care which should be exercised in making both the diagnosis and prognosis of acute disease, the onset or early stage of which has not been brought to our knowledge.

2*nd. Acute Phthisis. Lungs, Intestine, &c.*—These were specimens from a negro sailor who was admitted to the hospital a month ago, and who rapidly sank with acute phthisis. The substance of both lungs was infiltrated with tubercles. One lung was extensively ulcerated, and contained numerous cavities filled with pus. In the other there was one small cavity, whose sides were studded with tuberculous deposits. Another point of interest was the condition of the alimentary canal. Numerous ulcerations were found in the large intestine, extending through the muscular coat, and laying bare the peritoneal coat. The mucous membrane presented the appearance of being punched out with a sharp instrument. Had the patient lived longer, perforation would probably have taken place. When tubercles are deposited in the lungs in great quantity, they are very commonly found in the bowels and mesenteric glands: diarrhœa results, and the patient dies, as in this case, exhausted by excessive discharges.

Dropsy: General Remarks upon different Forms, Causes, &c.—Dr. Smith remarked that he proposed to show several cases of well marked instances of this disease. He had called it a *disease* although it was not such of itself, but was a *symptom*, the result of an obstruction to the circulation. In consequence of a stasis of blood in some portion of the venous system, an effusion of the watery parts of the blood takes place either in the cavities of the body or in the cellular tissue. This effusion receives various

names, according to the regions of the body in which it occurs.

A mechanical obstruction to the circulation may be produced in various ways; thus, a tumor or large ovary pressing upon the ascending vena cava would produce dropsy of the inferior extremities; or a ligature placed around the arm would, by its mechanical obstruction, cause an effusion of serum into the cellular tissue of the distal extremity.

Dropsy is sometimes dependant on a relaxed condition of the blood vessels. If the veins have lost their tone, in a debilitated condition of the system, there will be a difficulty in the refluent circulation; the vessels dilate, a stasis of blood takes place, and effusion occurs. This is often observed in the swollen feet of those who get up after acute diseases, or in those whose occupation obliges them to maintain a standing posture, as dentists and others.

Another circumstance giving rise to dropsy, is an impeded circulation in consequence of disease of the *heart:* hence it is one of the symptoms by which our attention is often directed to that organ. Suppose, for instance, the left auriculo-ventricular valve to be constricted, or its closure to be imperfect; either the onward flow of the pulmonary veins is impeded, or the force of the ventricle is partially expended upon the pulmonary veins. The resistance extends to the capillaries of the pulmonary circulation, congestion of these vessels impedes the flow of the pulmonary arteries; the right ventricle becomes overloaded, and thus the whole venous system finally becomes engorged with blood. Anasarca thus very frequently results from organic disease of the heart.

Inflammation and enlargement of the *liver* may be the cause of dropsy, in consequence of pressure upon the portal system into which the blood of the chylopoietic viscera empties itself. The blood accumulates on the distal side of the obstruction, and a serous effusion takes place. It is in the peritoneum that this occurs, and ascites is the result.

Again, dropsy may be produced by obstruction of the *renal* circulation, from irritation, cold, or any other cause which occasions an increased afflux of blood to the kidneys. It is upon this condition that the affection in chief depends when it follows in the course of scarlatina. Here the irritation over the whole surface of the body is afterwards transferred to the kidneys. The uriniferous tubes become blocked up with an excessive accumulation of epithelium; pressure is thus exerted on the portal system of the kidney, and in consequence of a stasis of blood in the Malpighian corpuscles, these allow serum to exude from their walls, or burst, and admit the escape of blood corpuscles and fibrine. Casts of the tubes may thus be formed, which are easily detected in the urine by the microscope.

Case 1*st. Abdominal Dropsy.*—Jane C——, aged 49 years, was taken with hæmatemesis, November, 1857. We are enabled to diagnosticate it from hæmoptysis by the dark color of the vomited fluid and the sense of nausea which preceded the vomiting. She had two attacks of this, besides dark bloody discharges by the rectum. She recovered from this attack: but in August, 1859, there was a return of the hæmatemesis. Ten weeks ago she noticed some swelling of the feet; and in December last, swelling of the abdomen. Previous to this she complained of pain in the right shoulder and right hypochondrium, and of inability to lie on the left side. Her urine was scanty, high colored and tinged with bile. Her dejections were light colored.

Inspection.—The abdomen, you perceive, is extremely large. It bulges at the flanks, and with palpation you see a wave run across it. On percussion it is extremely resonant at the umbilical region, and dull at the lateral portions. The dulness shifts as she turns upon her side.

That this is not ovarian dropsy, is probable from the uniformly diffused swelling. It is true that a unilocular cyst might present the same symmetrical appearance; but its growth would have been first noticed on one side, and the sounds elicited by percussion would be different. We should notice dulness in the centre of the abdomen, where the tumor has taken a position in front of the intestines, and resonance of the flanks from the presence of large intestine.

The diagnosis is ascites, dependent on obstruction of the portal circulation. The hæmatemesis seems to point to this. It is probable that the vomiting was caused by engorgement of the veins of the stomach with blood: these are some of the numerous veins which empty into the vena portæ, and their congestion, as well as the other signs, would point to the liver. The disease is probably of an inflammatory character, in which the capsule of Glisson is involved.

Treatment.—The great point is to promote absorption of the fluid. To do this we must set the kidneys, or the mucous membrane of the alimentary canal at work in drawing off from the vascular system. The fluid must be taken up by endosmose into the veins. When the blood vessels are already full, depletion is indicated, as proven by the experiment of Magendie, who threw a quantity of colored fluid into the peritoneum of a dog. There was no absorption of the fluid—he opened a vein, when absorption visibly took place. The patient has taken the infusion of juniper berries with bitartrate of potash, (an ounce of each to a pint of boiling water,) in doses of a wineglassful three times a day. This has had some effect already in relieving her symptoms. Her stomach is not so tight; she moves

about more readily, and passes more water. Compression of the abdomen by means of a broad roller may prove serviceable, by forcing the fluid, as it were, into the blood-vessels. I will order the region of the liver to be anointed with equal parts of mercurial ointment and the compound iodine ointment.

There is another point of the diagnosis which is a corroborative test of disorder of the hepatic circulation. When there is a disorder of the liver the kidney frequently takes on itself a supplementary action. We have discovered in this patient's urine some of the coloring matter of the bile, by a test which I will repeat in your presence. A white plate is moistened with a small quantity of urine, with which a drop of nitric acid is mingled. You observe the commencing play of iridescent colors, which gradually passes through various shades—pink, violet, blue, and green being observed.

Case 2d. Renal Dropsy.—This was a case dependent on obstruction of the renal circulation, the precise cause of which Dr. S. had not yet been able thoroughly to satisfy himself upon. There was marked œdema of the feet and upper extremities, and puffiness of the eyelids. The evidence of the renal disease was the presence of albumen in the urine, as shown to the class by the tests of nitric acid and heat. In this connection, Dr. S. cautioned the class against relying upon the test of heat alone, because some salts of the urine (earthy phosphates) were deposited when it was heated. The urine, also, should be used fresh—if allowed to stand, the urea would be converted into corbonate of ammonia and the nitric acid might be sufficient only to neutralize the alkalinity of the urine.

The treatment consisted of the administration of squills, digitalis, and bitartrate of potash. The quantity of albumen had already been diminished, and there was less œdema.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

MEETING OF FEB. 8TH.

Extensive Cystic Degeneration of Kidney—Foreign Body in Thumb-joint—Heart, Hypertrophy, Tape-worm.

The Society met, Dr. Krakowitzer in the chair.

Cystic Degeneration of the Kidney—DR. SAYRE presented a specimen of several cysts of the kidneys, with the following history:

Dr. S. W. H——, aged 39, of a large and robust frame, had slight hemorrhage from the urethra, about eleven years ago, accompanied with intense pain in the region of the right kidney. The blood continued to pass in clots for several days, the patient still suffering great pain. He was leeched and bled from the arm very freely for three days in succession, and was confined to his room about six weeks; he convalesced very slowly in about six months, when he went to California for his health. He there was attacked with the Chagres fever, which prostrated him very much, and left him with a diarrhœa, which continued for nearly 18 months, the passages being, most of the time, more or less mixed with blood. For the past ten years he has been compelled to pass his water nearly every half hour, day and night, his wife says, he never got up less than *eight* times in the night for this purpose, and more frequently ten, or twelve. He never complained of pain, but suffered from *intense thirst*, always drinking a tumbler of water after getting up to pass his urine, and would drink several pitchers full in the course of the day. The only other symptom that was noticed was a constant and intolerable itching of the anus, which gave him great annoyance ever since his first hemorrhage, eleven years since. Within the past year, he has complained of fatigue and uneasiness, desiring constantly to rest in a horizontal posture. He, however, continued at his profession, (that of a dentist,) but would frequently leave his patients, to rest a few minutes on the sofa. All this he attributed to his growing fat; he was surprised, however, to find that his increase in size was confined entirely to his waist.

For the past year, whenever he used the furnace to bake his porcelain, he has suffered from epistaxis, which continued for several days, generally a week. He has also suffered within the last year from boils, on different parts of the body, having had as many as a hundred.

On Monday, the 9th of January, 1860, he complained of pain in the region of the right kidney, for the first time in ten years. This continued to increase until the 14th, when it became very severe. About three o'clock, he laid down and opened his pants, complaining of their tightness, he then pressed both hands on his loins, and requested his wife to rub and *press* him there. While she was doing this, he suddenly jumped up, crying out "there, something has given way, now it's coming,' immediately after this, the blood started and he passed nearly *three quarts*. I saw him a few hours afterward in consultation with Dr. Seniff, and found him bathed in a cold, clammy sweat, pulse 130, easily compressed, small and feeble. He still complained of pain, and a sensation of weight in the region of the right kidney. He was then put under the influence of morphia, and did not evacuate his bladder for thirty-two hours, after which time,

he passed about a pint of blood mixed with a small quantity of urine. Whether the check of the secretion from the kidneys was due to the loss of blood, or the use of morphia, I was unable to determine. He continued to pass blood and urine for three or four days, when the secretion again became clear and transparent. On the 20th, he had a slight convulsion, which was followed by a copious hemorrhage and increased pain in the right kidney. A large sized catheter passed readily into the bladder, showing that there was no obstruction to the urethra. The bladder, however, was evidently very small and corrugated, as a grating feel was communicated to the hand, when a circle was described with the instrument.

A distinct tumor could be detected on the right side, commencing just above the ilium, and extending upward in the region of the kidney. It had an elastic, fluctuating feel, like an intestine filled with air, but was not resonant on percussion, the contents being evidently fluid. It was, therefore, diagnosed as being in some way connected with the kidney. He died in a convulsion on the 30th of January, and on making a *post-mortem* examination, we found the following condition of the kidneys:

The Right Kidney.		*The Left Kidney.*	
Weighed,	4¾ lbs.	Weighed,	3½ lbs.
Length,	13¼ inches.	Length,	11 inches.
Breadth,	7 "	Breadth,	5¼ "
Thickness,	4 "	Thickness,	3¼ "

The kidneys are almost entirely made up of cysts, ranging in size from a large walnut to a small pea. The contents of the cysts are not uniform, some are filled with clear, transparent, serum, some have in their interior a gelatinous looking material, others contain a purplish fluid, and still others are filled with a jet-black material which consists chiefly of blood. All the black and bloody cysts are situated in the right kidney, which gives to the whole mass, a deep mahogany color. The left kidney is made up of clear, transparent cysts, and is of rather a pale appearance. In the pelvis of the right kidney there is to be seen a blood vessel of considerable size, which has been ruptured. This may account, to some extent, for the sudden and profuse hemorrhage. Both kindeys have undergone to a considerable extent the fatty degeneration.

The bladder was very small, and the muscular coat hypertrophied. The mucous membrane was slightly thickened, but contained no hemorrhagic spots. All the other abdominal organs were perfectly healthy. The lungs were much compressed by the upward growth of the kidneys, but were healthy. The brain was not examined.

Dr. Clark remarked, that in all the specimens presented to the Society, the history of the patients had been quite uniform. The history of the disease can be summed up in a few words. Patients, who have carried these cystic kidneys, have rarely exhibited any remarkable symptoms of disease, until within a few days before death, and have generally been able to attend to their employment. The urinary secretion keeps up tolerably free, until we come to a certain point, it then diminishes very rapidly, then almost ceases, perhaps ceases entirely, and in a few days, two, three, or four, symptoms of coma set in, and the patients soon die. In one instance, death was preceeded by convulsions. It is quite probable, that both the convulsions and the coma are but the results of uræmic poisoning, consequent upon suppression of the urinary secretion.

It seems surprising that a person suffering from such an amount of disease should enjoy comparatively good health until within a few days before death. We can only explain this by the fact that the *true* kidney structure is not involved in the cystic disease. It has been found that however numerous or however large these cysts may be, the *intervening substance*, with the exception of what is taken up by the walls of the cyst, is true kidney structure, containing tubes and vessels, the latter being of course somewhat differently arranged. At the same time there is kidney structure, and until the pressure upon it by this foreign tissue becomes very great, it will continue to perform the office of the kidney. But finally this healthy structure becomes very much compressed by the increase in size of the cyst; suppression of the urine takes place, and death occurs in the manner already referred to. A word or two in regard to the *origin* of these cysts. They are not, as has been often said, the result of obstruction of the uriniferous tubes, and subsequent distention into a cyst. This is one view, others again, have supposed that the disease originates in the epithelial cell of the uriniferous tube, which, by taking on a morbid condition, grows into a monstrous cyst. This cannot be regarded as the true explanation. It has also been advanced that these cysts were the result of hypertrophy of the *Malphigian* body. The true explanation, however, I believe, to be the following: This cystic degeneration is the result of an *entirely new formation* and does *not* depend upon the alteration of pre-existing normal structure. This independent cystic growth commences by the formation of oval microscopic cells, the most of which contain a considerable quantity of granular matter; many of them having no distinct nucleus. These grow in great numbers in the *inter-tubular spaces;* the tubes themselves not being interfered with in any manner, except by pressure, as the cysts increase in size. These cells seem to derive their nutriment from the same vessels that furnish the secretion of the urine, only they receive nourishment outside of the tubes. I have been able, in

specimens, to trace these cells up from those only 1-1000 of an inch in diameter, to those which are just visible to the naked eye, and from these, up to cysts as large as those in the specimen before us. Dr. Clark remarked, in conclusion, that he was glad to be able to state that Dr. Isaacs also entertained this view, and that the statement now, no longer rested upon the investigations of a single observer.

Dr. Sayre remarked that the views of Dr. Clark were also confirmed by *Rokitansky*, in the last third edition of his celebrated work on pathology.

Dr. Clark remarked that the presence of clotted blood within the cysts, was an interesting feature; so far as he could recollect, it was not present in any of the former specimens.

Foreign Body in Thumb Joint.—Dr. Conant presented a piece of an iron nail, about one-half an inch in length, with the following history. A patient presented himself five weeks ago at the Demilt Dispensary, complaining of pain and inability to move the thumb. The joint at the metacarpo-phalangeal articulation was found to be very much swollen and tender. On inquiring whether he recollected of receiving an injury, he said that some five weeks before while engaged in handling some old boards, one of them fell and struck him upon the thumb. Since that time he has been unable to move the thumb. He stated very positively that at the time of the injury, the skin was not broken. On further examination, Dr. Conant felt something, moveable under the skin, and on cutting down removed this portion of nail. At the time of the operation, the bone did not seem to be much diseased, but after the nail had been removed, the stiffness of the joint still remained about as bad as ever. The doctor then cut down and resected the upper portion of the bone, care being taken to dissect off the adductor muscles from their attachment. Ten days after the operation, the patient had entirely recovered the use of the joint.

Dr. Cock presented a heart and two beautiful specimens of the *Fœnia Solium*, one with the head entire, taken from the body of a man, 39 years of age, who entered the New York Hospital on the 7th of October, 1859. He was then treated for cardiac disease and was soon after discharged. He afterwards again entered the institution, and was treated for tape-worm, with infusion of the seeds of the pumpkin, under the administration of which some thirty feet of the worm was discharged. He then at his own request left the hospital. Shortly afterwards he took a large dose of laudanum from which he died, when a *post mortem* examination was made.

The heart when removed weighed thirty ounces, there are some patches of atheromatous deposit on the mitral and aortic valves.

The two tape worms were found in the intestinal canal, with their heads pointing towards the *duodenum*.

Dr. Cock further remarked that this was the only specimen he had ever seen, where the head was connected with the body.

Dr. Clark remarked that the question had often been raised, whether tape-worms occurred in any persons, except those who were *eaters of pork*, and also whether any cases of this disease actually originated in this country. When this subject was last discussed before this society, no member was able to name an instance where the disease had been found in a person born here, and who had always lived here. Since that time, Dr. Clark had heard of two or three cases occurring in natives of this country. [The great immunity from tape-worm enjoyed by the inhabitants of this country, is chiefly due to two circumstances. First, in the almost total absence of measly pork in our markets, it being in fact so rare that the connection between diseased pork, and the development of tape-worm in the human system is unknown to the great majority of the community. In Cincinatti where thousands of hogs are slaughtered annually, such a thing as measles is unknown.

2d. The inhabitants of the United States as a rule, never eat *raw pork*, but use it in some one of its *cured* forms, such as bacon, salt pork, etc., and it is now well established that these very processes of curing, destroy the vitality of the parasite.

From the "Report *furnished to the provision merchants of Cork, by* Dr. Alexander Fleming, *Professor of Materia Medica, Queen's University, Ireland, in January*, 1856," we extract the following very interesting remarks, directly applicable to the questions raised in the discussion of this subject. "The measle of the pig is an animal parasite, the *Crysticerous Cellulosæ* or bladder flesh worm. It infects the muscles of all parts of the body, but is found most frequently in those of the tongue, loin, and neck, and is often seen lying between the muscular fibres of the heart. It is seen as an ovoid bladder, from two to four lines in length, formed by a thin transparent membrane, and enclosing at one extremity an opaque body of a white color. This is the worm coiled up, but which when unfolded exhibits a head, neck, and pear shaped vesicular tail. The head is armed by a crown of barbed hooklets, around which are placed four sucking mouths, and the neck is formed of a series of rings which gradually lose themselves posteriorly on the dilated and bladder-like tail. In the interior of the worm are a number of microscopic corpuscles. The average diameter of these bodies is 1-1500 of an inch, and their usual form that of a flattened circular disc; but they vary both in form and size. It is highly

probable, if not quite established, that measles originate in the eggs of the tape-worm, which infests the bowels of the dog. Each mature joint of the last parasite contains many thousand eggs. These, when voided by the dog, are resolved into a fine dust, and are scattered by the wind, and thus mixing with the food or drink of the pig, enter it, and are converted into the measle or flesh-worm, which latter is but an imperfect condition of the tape-worm. LEUCHART has traced in the rabbit the passage of the embryo tape-worm into the *blood vessels*. The eggs are quickly hatched in the stomach, and the young tænia bore their way with their lancet-armed heads, through the mucous membrane into a blood vessel. With the blood they are carried in the *rabbit* to the *liver*, to be there arrested and developed into hydatids or cysticerci. In the *lamb*, the young tænia are carried with the blood to the brain, where they fix and grow into the cystic parasite, named *Cœnurus cerebralis*, and within two weeks from the commencement of the experiment the lamb is affected with the "staggers."

The origin of tape worm *in man* from the measles was rendered probable, by the greater frequency of the disease among the consumers of raw flesh, and particularly of *raw pork*, as the Abyssinians, the natives of Norahausen, etc., but KEUCHENMEISTER has given a degree of certainty to the connexion by experiment. He fed a condemned person with measles, and found tape-worms in his body after execution. The parasites were given three days before death, in five doses of about a dozen each time, disguised in soup. Ten young tape-worms were found in the intestinal canal, attached to the mucous membrane in the usual way.

The use of raw, measly flesh cannot, however be the only source of tape-worm in man. This parasite occurs among the very poor, who scarcely eat flesh of any kind, and it plagues the Hindoo, who lives almost exclusively on rice. It may perhaps result from the *direct* introduction of the tape-worm eggs or young tænia, with the food or drink into the stomach. KLENCKE many years ago, asserted that he had found microscopic young tænia in ditch water, and the frequency of tape-worm in Vienna has been attributed to the water of that city, in which young tape-worms have been found.—*Reporter.*]

NEW YORK STATE MEDICAL SOCIETY.

The fifty-fourth annual meeting of the New York State Medical Society commenced its sessions at Albany on the 7th inst. Over one hundred and forty delegates were present at the meeting, which was larger than any previous meeting of the Society, and comprised many of the most distinguished physicians of the State.

The Society was called to order by the President, Dr. J. FORDYCE BARKER, who addressed the members.

Delegates in attendance then presented their credentials, which were referred to the committee on credentials, consisting of Drs. Percy, Willard and Hoff.

DR. BRINSMADE offered the following resolution, which was adopted:

Resolved, That hereafter all physicians who may be invited to take part in the deliberations of the Society, must be proposed by the committee on credentials.

The President announced the following committee on nominations:

1st	District—	Dr. E. Harris.
2d	"	Dr. Wm. Govan.
3d	"	Dr. Mason F. Cogswell.
4th	"	Dr. Samuel Shumway.
5th	"	Dr. Wm. Taylor.
6th	"	Dr. Geo. W. Bradford.
7th	"	Dr. C. B. Coventry.
8th	"	Dr. —— Mack.

DR. TAYLOR offered a resolution that a copy of the Transacti[illegible] Society be sent by the secretary to each me[illegible]he Society. Adopted.

DR. BLATC[illegible] from the committee appointed at the last annual meeting of the Society, on the subject of the "Second Degree of Medicine," presented quite a lengthy report, and after reporting progress, asked to be continued, which was granted.

DR. C. B. COVENTRY, from the committee appointed at the last annual meeting, under a resolution "that it is expedient to establish a commission of lunacy," and to report at this meeting the best method of effecting the object, presented their report, and offered the following resolutions:

Resolved, That a petition from the Society, signed by the President and Secretary, be presented to the Legislature, in favor of the appointment of a Commission of Lunacy, in accordance with the former resolution of the Society.

Resolved, That a committee of —— be appointed to confer with the committee of the Senate, on the subject of such appointment.

Resolved, That the members of the State Medical Society, so far as practicable, confer with the members of the Legislature from their respective districts, and urge the necessity of the measure to their favorable consideration.

The report was accepted, and the resolutions set down for discussion on Wednesday morning.

DR. BRINSMADE offered the following preamble and resolution:

WHEREAS, the American Medical Association, at its last annual meeting, has recommended several subjects of importance to the consideration of State and County Medical Societies, therefore

Resolved, That a committee of three be appointed to examine these resolutions of the central association, and report to the Society, as early as convenient, what action, if any, may be necessary.

Adopted, and Drs. Brinsmade, Van Dyck, and Wm. Taylor, were appointed such committee.

The Secretary announced a communication from the American Medical Association, on the subject of "Criminal Abortion," which was referred to the last named committee.

A motion was made to permit Dr. Bly, of Rochester, to exhibit an artificial leg.

Objections were offered to taking up the time of the Society, thus early, in this manner, and permission was refused.

Drs. Sanders, Coates and Bissell, were appointed a committee to invite the Governor and the medical members of the Legislature, to attend the sessions of the Society.

Dr. Sturtevant then read a paper on "Hypodermic Medication," which was received and referred to the Publication Committee, and the thanks of the Society were returned to the author.

An invitation was received from Governor Morgan, inviting the officers and members of the Society to visit the Executive Mansion on Wednesday evening. Accepted.

Dr. F. J. D'Avignon read a paper on "Fracture of the lower third femur, two years [illegible] wards non-union of the bones," &c. Referred to Publication Committee.

The President announced that, owing to physica inability, he should be unable to deliver the Annual Address for publication.

Recess until 3 o'clock.

AFTERNOON SESSION.

The Society reconvened at 3.30 P. M.

Communications were received from the Medical Societies of Chenango, Madison and Chemung counties. Referred to Publication Committee.

Dr. S. D. Willard presented a biographical notice of Joel Edwin Hawley, M. D. Same reference.

The Secretary presented an obituary notice of Jonathan Purdy, M D., by Dr. George Burr; also, a biographical memoir of Silas West, M. D., by Dr. George Burr. Same reference.

The report of the Committee on Medical and Surgical Statistics was read by the Secretary, accepted, and the committee continued.

The Secretary read a letter from Dr. J. H. Griscom, announcing that the Common Council of the city of New York had kindly presented to him, for distribution among the members of the Society in attendance, one hundred copies of the "Report of the Proceedings and Debates of the Third National Quarantine and Sanitary Convention."

The thanks of the Society were voted to Dr. Griscom and the authorities of New York.

Dr. I. R. Percy presented "The Transactions of the New York Academy of Medicine," vol. 2, part 4th, containing the report of the Committee on City Milk.

Dr. Finnell moved that it be referred to the Publication Committee. Adopted.

The Secretary presented the Transactions of the Medical Societies of the States of New Jersey, New Hampshire, Tennessee and Connecticut, for the year 1859.

Dr. John Ball presented a paper on "The Extirpation of the Eye." Referred to the Publication Committee.

Dr. Armstrong presented a memoir of Dr. Backus, which was referred to the same committee.

Dr. E. W. Armstrong read a paper on "Observations on Medical Prosecutions." Referred.

Dr. Mason read a communication from the Kings County Medical Society, being a history of measures adopted by it for the increase and diffusion of medical knowledge amongst its members, and of its attempts to add to the general fund of professional information. Referred to Publication Committee.

The Secretary presented from Dr. Silas Durkee, his Treatise on Gonorrhœa and Syphilis, dedicated to Dr. Thomas C. Brinsmade, late President of the Society. Vote of thanks returned.

Dr. Corliss read an interesting paper on "Tumors." Referred to Publication Committee.

Dr. S. D. Willard, a paper entitled "Gun Shot Wound within the Cavity of the Thorax." Same reference.

Dr. Charles Barrows read a paper descriptive of "A case of Direct Inguinal Hernia." Same reference.

Adjourned until Wednesday morning, at 10 o'clock.

Second Day.

The Society met at 10 o'clock Wednesday morning.

The minutes were read and approved.

Dr. Griscom said that he rose for the double purpose of correcting the minutes and retrieving the injustice done to a worthy member of the Society. He alluded to the action of the Society in adopting a resolution str king from the minutes all record of a paper read by Dr. Benjamin Lee. It was stated that the gentleman was interested in the article which he had brought before the Society, but he was assured this was erroneous, and it was doing great injustice to Dr. Lee to treat his paper in this manner. He, therefore, moved that the minutes be amended so as to read, "the reading of the paper was suspended, and the paper referred to the Publication Committee."

Dr. McNulty objected to the motion of Dr Griscom, and contended that it was not in order, unless a motion to reconsider was first made.

The Secretary read an explanatory letter from Dr Lee.

Dr. Mason remarked, that he had intended to bring the subject before the Society, as he was con-

vinced injustice had been done Dr. Lee. At the proper time he conceived that it would be just to refer the paper to the Publication Committee. This could be done without amending the minutes.

The Chair decided that the motion of Dr. Griscom was in order.

Dr. B. P. Staats appealed from the decision of the Chair.

The Society sustained the Chair by a decided vote.

The question then recurred upon Dr. Griscom's motion to amend the minutes, and it was adopted, and the minutes were so amended.

The resolutions relative to establishing a Commission of Lunacy, (as published above,) were then read.

Dr. P. B. Staats said, that last year he had voted for the appointment of the committee who reported these resolutions, but he now had serious doubts as to the policy of the movement. We had had Inspectors and Commissioners for various purposes, but they had failed to satisfy the public. As the law now stands it provides for an examination by two respectable physicians, and on their certificate that the patient is in a state of mind to render him unfit to be at liberty, he is committed by Magistrates to the County Poor House, or Insane Hospital. Those physicians, generally speaking, know the patient, and are qualified to pass upon his condition. This was a fair and summary manner of disposing of him. He didn't believe he would be safer in the hands of one Commissioner than under the present arrangement. More than one-half the lunatics are paupers. The expense of the commission, beside the delay it would occasion in passing upon cases of lunacy, would be very great. He concluded by saying that he didn't believe officers of this kind were needed.

Dr. Coates said that Dr. Staats' remarks were very appropriate, and if that was all the resolution contemplated, they might better not have been originated. The examination of cases as alluded to by Dr. Staats, would be but a small portion of the business devolving on this commission. The drawer of the resolution had in his mind views more extensive, and if the commission should be appointed, such cases as alluded to by Dr. Staats, would be left where they are now. But surrounded by laws as we are, that govern matters without, and laws within that govern mind, it seems to be necessary to legalise and systematise the matter, so that the unfortunate claimants for care can be reached and looked after.

It may be the duty of this commission to examine Alms Houses, and look up this class of beings, and have them cared for in a different manner than they now are. They are gathered together in every poor house, and very little is done for them. This commission *could* do something for them. But there would be a branch of business for this commission still different. It would be the examination of insane criminals. The Governor had, last year, been called upon to examine cases of this character, and was compelled to appoint a special commission to inquire into the alleged lunacy of certain persons charged with crimes. These commissions had disposed of the matter in a different way than a regular legalised commission would have done.

Dr. Coates then alluded particularly to the causes above referred to.

It seemed necessary to systematize this matter, and he did not see how it could be done without legislation. If this thing is to be carried out, there are some points proper to be discussed here, but for the present he would defer further remarks.

Dr. Bissell favored the adoption of the resolution. This commission would be appointed more particularly to enquire into the condition of lunatics in Poor Houses and Prisons, and ascertain who need the care and protection of the State. This is what the resolution contemplate.

Dr. Sturtevant said he had been engaged for the past ten years in the Oneida Almshouse, and could appreciate the value of a Commission of Lunacy. He was strongly in favor of the adoption of these resolutions.

Dr. Sanders concurred with Dr. Staats as far as he went, but took a wider range. He was in favor of the resolution, and, in case the commission was appointed, hoped it would look into our Lunatic Asylum.

Dr. Coventry said Dr. Coates had presented some of the considerations that induced the presentation of these resolutions. Having been placed on the committee appointed at the last annual meeting, to consider this subject, he felt bound to make a report, and after consultation with citizens in different sections of the State, both medical and otherwise, he was satisfied that something should be done for the unfortunate class, of whom the commission would have the care. But a small portion of the insane of the State, find accommodations in the asylums—probably not one-half. Large numbers were congregated in the Almshouses throughout the State, and he asked where is the protection offered them by the State in these cases. Dr. Staats had entirely mistaken the objects of this proposed commission. Its object—as set forth in the report is, in the first place, to examine into the condition of the insane persons, wherever found in the State, and in the second place, and more particularly, to ascertain the condition of the insane, and report to the legislature, whether they are kindly taken care of. In England, they were finally driven to the

necessity of applying for the appointment of a commission, and it worked admirably.

In addition to what has already been said of the duties of the commission, they would have other and important labors to perform. Any person who may have attended criminal trials, where the plea of insanity is set up, knows the farce that is gone through with. He attended trials for weeks, when, on both sides, a large amount of testimony had been offered, as to the insanity of the criminals, and, when the trial had been concluded, the judge told the jury that twelve gentlemen had been called on either side, leaving it impossible for a jury to pass upon the question. Now if a commission should hear the testimony and then give its evidence, it is presumed it would have some influence with the court and jury. As it is now, it must be mortifying to all to see the way the subject is treated.

Another circumstance is, where Executive clemency is claimed or asked on the ground of insanity. Gov. Morgan had asked for an appropriation for the purpose of a commission. It is the course pursued by nearly all the Governments of Europe. I am aware it would be attended with some expense, but compared with the care and attention it would secure to the insane, this would amount to very little.

DR. WILBUR favored the adoption of the resolutions, and related to the Society, briefly, accounts of his visits to some of the Almshouses of the State, showing the wretched condition of the Insane Poor of the State. Unless some commission should be appointed, he could not see how the attention of the public could call to the retrograde movement of removing insane patients from the Lunatic Asylums to the County Poor House.

DR. COATES said the only difficulty in the way was the manner of the appointment of this commission. It would be well, if practicable, to empower this body to make such appointment. This would secure the appointment without prejudice or political influence.

DR. COVENTRY said a petition on this subject had already been presented to the Senate, and referred to the Medical Committee of that body. The number of Commissioners, and the manner of their appointment, would be embodied in the bill, and the duty of framing it, would devolve on that committee. He thought the less we meddle with legislation the better we should be off, excepting, however, to recommend measures conducive to the public health and good.

DR. PARKHURST favored the adoption of the resolutions, as he deemed it necessary for the care and protection of the insane.

The question was then taken up on the resolutions, and they were adopted.

The number of the committee was fixed at five, and the Chair appointed Drs. Coventry, Bradford, Coates, Mason and Sanders, such committee.

DR. SQUIBBS then read a communication from the Kings County Society entitled, "Notes upon New Remedies."

DR. MCNULTY, and others, pronounced it the most valuable paper yet presented, and a motion to return the thanks of the Society to its author, Dr. Squibbs, was unanimously adopted, and the paper referred to the Publication Committee.

The Secretary presented a communication from the Medical Society of Schuyler county. Referred to Publication Committee.

DR. ORDRONAUX next read a memorial from the Queens County Society, relative to the laws regulating the practice of Physic and Surgery. Accompanying it was a report made to the Queens County Society, on the subject, by Dr. John Ordronaux, being a legal opinion. Referred to the Publication Committee.

MR. GOODRICH, from the Committee appointed at the last meeting to inquire into the subject of "Anæsthetic Agency, its origin, its authorship and its first introduction into Medical and Surgical Practice in the United States," presented an elaborate report, and concluded by awarding to Dr. Wells the credit of being the discoverer of Anæsthetic Agency.

The report was accepted and referred to the Publication Committee.

DR. STAATS moved the adoption of the report.

DR. GRISCOM remarked that long before Dr. Wells was born, Anæsthesia had been discovered, and that to Humphrey Davy belonged the credit for its discovery, if to any one. Dr. Wells did not discover the idea; he merely took it up and carried it forward. He claimed that Drs. Morton and Wells stood upon the same platform, and he was opposed to the Society saying that the claim of originality belonged to either of them.

DR. JONES explained the connection of Drs. Wells, Morton and Jackson with this subject, and thought the Society had better not have anything to do with the matter.

DR. BISSELL moved that the whole subject be laid on the table indefinitely. Adopted.

DR. PARKER, from the Committee appointed at the last meeting to examine certain Pharmaceutical preparations, presented their report which was adopted, and referred to Publication Committee.

DR. PERCY read a paper on "Pharmaceutical Preparations," which was referred to the Publication Committee.

Recess until 3½ o'clock.

AFTERNOON SESSION.

The Society re-convened at 3½ o'clock.

DR. BRINSMADE, from the committee appointed to

consider the recommendations of the American Medical Association, on several subjects of importance, presented a report, accompanied by the following resolutions:

On the Subject of Criminal Abortions.

Resolved, That the Society cordially approves of the action of the American Medical Association in its efforts to exhibit the extent of the evils resulting from the procuring of Criminal Abortions and of the means which are adopted to prevent its commission, and cheerfully comply with the request to a "zealous co-operation" for the furtherance of more stringent legislation, in regard to this most destructive and revolting crime, committed almost with impunity, and with appalling frequency.

Resolved, That a committee of three be appointed to present the memorial of the President and Secretaries of the American Medical Association, which has been read, to the Legislature of this State at its present session.

The resolutions were adopted, and Drs. Staats, Armsby and Townsend, were appointed the committee.

On the New York State Inebriate Asylum.

WHEREAS, In the opinion of this Society there is no Hospital or Asylum in our country, so well calculated to relieve so much suffering, and prevent so much insanity, idiocy, and death, as the New York Inebriate Asylum, now in course of construction at Binghamton, where founded; therefore,

Resolved, That the Society most earnestly recommend to the Legislature of the State of New York, the importance of appropriating a sufficient sum of money for the completion of the Inebriate Asylum

Resolved, That a committee of three be appointed to present this action of the Society to the attention of the Legislature of the State, now in session, and to use their influence to obtain an enactment in accordance with the above resolution.

The resolutions were adopted, and Drs. Blatchford, March and Quackenbush, were appointed such committee.

DR. ORDROUNAUX offered the following resolution, which was adopted:

Resolved, That a committee of five be appointed to report upon the feasibility of amending the present laws of the State regulating the practice of Physic and Surgery, and if so, in what way.

Drs. Ordrounaux, Jones, Mason, Willard, and Strew, were appointed such committee.

Dr. COATES offered a resolution that a committee of three be appointed to report upon the subjects presented in the Inaugural Address of the President; which was adopted, and Drs. Coates, Griscom, and E. H. Parker, were appointed such committee.

DR. BALL offered the following preamble and resolution:

WHEREAS, In view of the extensive adulteration of drugs, which are sometimes sold by Apothecaries, resulting often in great damage to the patient; and disappointment to the Physician,

Resolved, That a committee of five be appointed by the Chair, of which Dr. Squibb shall be Chairman, to report at the next meeting of this Society, some measure calculated to correct this growing evil.

Adopted, and Drs. Squibb, Ball, Joel Foster, Percy and Husted, were appointed such committee.

DR. WM. TAYLOR offered the following resolution:

Resolved, That a committee of three be appointed to present to the Legislature the subject of providing by law for a more general vaccination in this State, and that the report made by a committee to this Society, at its session of 1859, and the action of the Society thereupon, be communicated to the Legislature, with the request that a law be passed at its present session in conformity to the suggestions contained in said report.

Adopted, and Drs. Wm. Taylor, Boyd, and Vanderpoel were appointed such committee.

The Secretary presented the following papers:

"A case of gun-shot wound, the ball passing through the chest entire, and escaping from the back," by Dr. N. C. Husted, of New York city.

"Facial paralysis," by Dr. F. Everts of Oswego.

Referred to Publication Committee.

The Society then adjourned until Thursday morning at 9 o'clock.

Third Day.

The Society was called to order at 9 o'clock A. M.

The minutes were read and approved.

DR. PARKER, from the Committee on the President's Address, presented the following resolutions:

Resolved, That a committee of three be appointed by the President, to represent this Society in the Medical Convention for the revision of the Pharmacopœia, to be held at Washington, D. C., on the first Wednesday of May next, and that this Committee be instructed to act in accordance with the recommendations of the President's Inaugural. Adopted, and Drs. Squibb, Howard Townsend, and Caleb Greene were appointed such committee.

Resolved, That a committee of five be appointed by the Chair, to take into consideration so much of the President's Address as refers to a Topographical and Hydrographical Survey of the State, with reference to systematic drainage, as a hygienic measure, and to report at the next session of the Society. Adopted, and Drs. Harris, Orton, Bradford, Seymour and Hunt, were appointed such committee.

The report of the Treasurer was made, and referred to Drs. Mason, Beattie, and Bradford.

DR. HOFF presented a paper from Alfred Mercer, M. D., read before the Syracuse Medical Association, entitled "prevention, contagiousness, and diagnosis of small pox." Referred to publication committee.

DR. A. WILLARD presented a biographical notice of Levi Farr, M. D., of Greene, Chenango county. Referred to publication committee.

DR. MASON, from the committee to examine the

Treasurer's books, reported that they had compared them with his vouchers, and that they find them correct. Report accepted.

DR. COVENTRY, from the Committee on Nominations, presented the following report:

President.—DANIEL T. JONES, of Onondaga Co.

Vice President.—E. H. Parker, Poughkeepsie.

Secretary.—Sylvester D. Willard, Albany.

Treasurer.—J. V. P. Quackenbush, Albany.

Publication Committee.—Thomas Hun, S D. Willard, and Howard Townsend.

Censors were appointed for each District, also Committees of Correspondence. Names were recommended for election as permanent members, and others nominated.

Nominations for Honorary Members.—Dr Braithwaite, London; Dr. Wm. Carpenter, London; Oliver P. Hubbard, Hanover College; P. A. Jewett, New Haven; Prof. D. Crosby, New Hampshire.

For Election as Honorary Members.—Alfred Stillé, Philadelphia; Geo. Mendenhall, Ohio; J. Marson Warren, Boston; Warren Stone, New Orleans; Ernest Hart, London; B. H. Catlin, Connecticut.

Committee on Epidemics.—1st. Dist., E. Hams; 2d Dist., C. A. Lee; 3d Dist., T. C. Brinsmade; 4th Dist., A. F. Doolittle; 5th Dist., Luther Luiteaw; 6th Dist., A. Willard; 7th Dist., E. Carr; 8th Dist., H. M. Conger.

Delegates to the American Medical Association.—S. Foster Jenkins, New York; Dr. Goran, Rockland; Dr. Wilbur, Syracuse; Thos. Hun, Albany; Caleb Green, Homer; Dr. Blatchford, Troy; Dr. Brinsmade, Troy; A. Clark, New York; A. L. Sanders, Madison; H. Deering, Utica; Aaron Green, New York; C. A. Lee, Peekskill; Dr. Hall, Auburn; J. F. Trowbridge, Syracuse; R. H. Hamilton, Buffalo; Daniel P. Bissell, Utica; Seth Shove, Westchester; B. Fordyce Barker, New York; Tems Jacobs, Delaware; Joseph Beattie, Geneva; Theodore L. Mason, Brooklyn; Wm. Rockwell, New York; B. P. Staats, Albany; W. W. Strew, Queens.

Honorary Degrees of Medicine.—Francis J. D'Avignon, Clinton; Harrison Teller, Brooklyn; Peter Moulton, New Rochelle.

The report of the committee was accepted, and the nominees, as presented by the committee, were elected to the respective positions for which they were named.

DR. MCNULTY offered a resolution, that the Society appoint delegates to attend the National Quarantine and Sanitary Convention, to be held at Boston, in June next. Adopted.

The Chair appointed the following gentlemen as delegates: J. McNulty, J. H. Griscom, E. Harris, J. H. Douglass, S. R. Percy, B. P. Staats, E. H. Parker, S. C. Foster, J. J. Alton, A. H. Hoff, J. O. Van Hoevenburgh, S. Strew, A. Crispell, J. Ordronaux, H. Corliss, T. W. Blatchford, F. Jacobs, A. E. Varney, J. F. Jenkins, C. V. W. Burton, T. C. Brinsmade, N. H. Deering, D. H. Bissell, M. F. Cogswell, J. Lee, J. Fordyce Barton.

DR. FOSTER called attention to a resolution, adopted at the last meeting of the Society, that County Medical Societies furnish the State Society with a complete list of the number of their members in each year, and of those who have died, together with the ages at which death took place.

DR. BRINSMADE presented the list of members, &c., of the Rensselaer County Medical Society. Referred.

DR. BLATCHFORD presented a condensed statement of what has been attempted in the direction of medical education, by the Medical Convention of 1846 and 1847, and by the American Medical Association, since its organization in 1847. Referred to Publication Committee.

DR. A. J. DALLAS presented a biographical notice of Dr. Jas. Briggs, of Onondaga. Same reference.

DR. BRINSMADE presented the mortuary record of the city of Troy for 9 years, from 1851 to 1859 inclusive; also a record of private practice for the years 1858 and 1859. Same reference.

DR. DANIEL HOLMES, of Canton, Bradford Co., Penn., read a paper entitled "Fracture of the neck of the femur within the capsule, with bony union in fourteen weeks and three days.

DR. MARCH offered the following resolutions:

Resolved, That we have listened with great interest to the paper just read, by Dr. Holmes, on intercapsular fracture of the neck of the thigh bone; that the history of the accident, the symptoms, treatment and result, together with the examination of the post-mortem specimen, furnish satisfactory evidence of the existence of a fracture, as claimed by the author, that it was *complete*, not *impacted perfectly within the capsular ligament*, and so firmly united, as not to admit of separation without the use of great violence.

Resolved, That the thanks of the Society be presented to Dr. Holmes for his highly instructive and useful papers; and that he be requested to furnish a copy for publication in the Transactions of the Society.

Adopted.

DR. BRINSMADE offered the following resolution:

Resolved, That the paper of Dr. Holmes, with the specimen of the bone, be referred to a committee of three, with Dr. March as chairman, to report at the next meeting of the Society.

Adopted, and Drs. March, Brinsmade, and E. H. Parker were appointed such committee.

DR. FRENCH moved that a committee be appointed to address a letter to the Secretary of each County Medical Society here represented, requesting said Secretary to furnish the names of such County Society, and the names and age of all such members who have died for the last five years. Adopted, and Dr. French appointed such committee.

DR. COVENTRY offered the following resolutions, which were adopted:

Resolved, That the committee appointed to confer with the Medical Committee of the Legislature, on the subject of the appointment of Commission of Lunacy, be discharged.

Resolved, That a committee of three, residing in the city of Albany, be appointed, with authority if such appointment cannot be effected at the present session of the legislature, to present the subject early to the next legislature.

Dr. Armstrong offered the following resolution:

Resolved, That the habit of prescribing by regular physicians, articles of medicine, whether in the form of fluid extracts, sugar-coated pills, patent medicines, or other articles prepared by non-professional persons, or by persons ignored of their therapeutical properties, or by persons not recognized by the Medical profession as possessing the necessary qualifications, incompatible with the honor, dignity, and best interests of the profession, for the following reasons:

1st. Because the component parts of said medicines cannot be known with certainty.

2d. Because it is doing injustice to a useful class of persons, who, although not identified, are closely connected with the profession, and is justly regarded as auxiliary to its usefulness.

3d. Because it encourages a class of persons in no respect responsible for its honor and integrity.

4th. Because it commits the best interests of the profession to those who endeavor to profit by its sanction and patronage.

5th. Because it affords facilities and encouragement to non-professional persons, wholly incompetent to prescribe for themselves, and thus the profession is sometimes made to aid, by its sanction, the commission of criminal practice.

Adopted.

Resolutions were adopted returning thanks to the retiring officers, and also to the Mayor and Common Council of the city of Albany, for the use of the Common Council Chamber.

The Society then adjourned *sine die*.

EDITORIAL DEPARTMENT.

Periscope.

Closure of the Fontanelles.—Physicians are often questioned about the proper time for the closure of the anterior fontanelle, and it may be difficult for some to answer, since the best anatomists are at variance on this point. We therefore think that it may not be unacceptable to give a summary of some recent observations, by Henri Roger, in the *Union Médicale* for November, 1859.

The researches are based upon the fact, that a cephalic souffle is not heard when the opening is closed by bone.

In three hundred children the anterior fontanelle was never found closed before the age of fifteen months, and never opened after the age of three years.

It must be stated, however, that a distinction is to be made between the clinical and anatomical closure—the first being recognizable during life, the second after death.

In the first case, that is the clinical closure, the size of the opening gradually diminishes, while, at the same time, the membrane becomes thicker until it finally feels like bone. When this takes place, the cephalic souffle is no longer perceptible. The only method of determining the absolute closure by bone, is to examine the dead body. Still, we may assume, that when the fontanelles appear to be closed by ossification, they really are so.

The results arrived at in the manner above mentioned, are as follows: The period of ossification is comprised between the ages of fifteen months and three years and a half. At the first age the complete change is very rare; at the last, is always found. But these are the extremes. The occlusion generally takes place between the second and third year, and its frequency is regularly progressive from the twentieth to the twenty-third month, increases rapidly after the second year, and still constantly augments until the age of three and a half years.

Two diseases retard this change—rickets and hydrocephalus; the first by its influence upon the ossific process, the second by its mechanical action. The non-closure of the fontanelles at the usual time, may be one of the first manifestations of rickets, and warn us of the approach of the disease.—*Boston Med. and Surg. Journal.*

Cauterization of the Ear for Sciatica.—Dr. E. H. Sholl, of Warsaw, Ala., writes as follows:—

In the *N. Y. Journal of Medicine*, Sept., 1850, is an extract from a French journal on an article of M. Malgaigne, in reference to the cauterization of the lobe of the ear, opposite to the affected side for the cure of sciatica. I tried it in one case, using a red-hot nail, with instant relief, which continued for three months, returning then, though in a milder form. It readily yielded to a second cauterization, and did not again return, while the case was under my observation.

Large discoveries of mineral coal have recently been made in the arrondissement of Alais, in France.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 18, 1860.

IATRADELPHIÆ.

*Editor*delphiæ ought, perhaps, to have been the word—but, somehow the component parts do not harness well together, and we content ourselves with the more comprehensive and euphoneous title which stands at the head of this article.

The advent of each new year brings upon the stage a new corps of editors, *chapeaux à mains*, anxious to render their medical brethren such literary service as they can. We are always glad to welcome them, when we can feel assured that they will serve the profession honorably and faithfully. We have already introduced several of these new-comers this year, and now have the pleasure of bringing forward others.

1. We have received the first number of the *Louisville Medical Journal*, Dr. Thomas W. Colescott, editor, and Dr. John R. Timberlake, proprietor and publisher. The *Journal* we presume is to be issued monthly, though nothing is said, that we can find, in regard to the frequency of publication. The initial number appears well. It contains sixty-four pages, and the editor's inaugural gives promise of a journal to be conducted in the right spirit. Dr. Colescott has been in the editorial harness before, and having aroused himself from a sleep of eleven years, we doubt not he enters on his duties like one refreshed and invigorated by rest. The enterprise has our hearty good-will. It is in the hands of the profession entirely, and is independent—two qualities that ought to insure success. Subscription price, $3 per annum.

2. We noticed, in a former number, that the *Virginia Medical Journal* was to become the "*Maryland* and Virginia Medical Journal." The first number under the new arrangement has been received. We have been in the habit of recommending the Virginia Journal as one of the best monthlies in the country, and when we say that it has lost nothing, but rather gained, by the union with Maryland—or rather by annexing Maryland—we need say no more in its favor. The salutatory of Dr. Van-Bibber, of Baltimore, as assistant editor, is excellent. The editorial toga sets well on his shoulders. Long may he wear it!

We confess to a strong distaste to the parade of twelve "co-editors" on the title page. They are all good names, but too much for one journal to carry. They will surely swamp it. The experiment has been often tried but always failed. It reminds us of the shipwrecked merchant who loaded himself with gold and endeavored to reach shore, but the downward tendency of the precious metal carried him to the bottom! Our friends will find it policy to drop the co-editors.

3. Our hebdomadal friend, the *Boston Medical and Surgical Journal*, which lately went into mourning for the loss of two of the best editors in the Union—

"Like Daphne she, as lovely and as coy,"

has doffed the weeds of her widowhood, having yielded to the suit of two swains whose names are not unknown to the literature of our country, for the contributions of their pens have for years been familiar to the profession. Drs. Oliver and Ellis are men of talent and ability, and are capable of conducting the *Journal* with credit to themselves and profit to the profession. In reading their salutatory we thought there was a little evidence of want of confidence in themselves, and too much disposition to rely on the profession. Let them lead on in a confident self-reliant spirit, which we doubt not they will do, and the profession will follow on. This they may rely upon.

ACUPRESSURE.

The article by Dr. Simpson on this subject in the REPORTER of Feb. 4th, and which was published, we believe, in advance of any other medical journal in this country, is attracting a good deal of attention. It seems, however, from the following statement of Dr. Henry Carpenter, of Lancaster, in this State, that he has employed the same method for arresting hemorrhage for the past three years. The first case in which Dr. Carpenter employed it was one of a wound of one of the branches of

the palmar arch. It answered admirably, in connection with well directed moderate pressure. From his experience with this method, Dr. C. thinks it well calculated to answer the purpose in many cases, and may often enable the surgeon to arrest hemorrhage without a resort to ligation of the vessel.

Another case has quite recently occurred in which the same method was resorted to, but we expect soon to have a full report of it for publication.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Through the kind attentions of the Secretary, we are enabled to present a complete report of the proceedings of this society at its last annual session. This is one of the best organized medical societies in this country, and its transactions are always interesting and useful. We trust that our readers will not fail to peruse the report we publish this week. It may stimulate them to do something for the medical societies of their own States.

SOUTHERN AGENT.

Mr. W. A. Miller, of Cecil County, Maryland, has gone to the South on an agency for this journal, to obtain subscribers and interest the profession in the enterprise. He will commence his labors in Georgia. As we already have subscribers in nearly thirty counties in that State, we feel confident that he will meet with encouragement there, which we doubt not will follow him into any other States he may visit.

Will our subscribers in the South prepare the way for Mr. Miller by speaking a good word for the REPORTER, in advance of his visit to their vicinities?

We shall soon send out agents to other sections of the Union, having commenced the year with a determination to add largely this year to our already large circulation. With a circulation in Philadelphia alone, *outside of the Medical Schools*, of nearly 500, we feel that we stand on a foundation that will warrant an almost unlimited amount of branching out.

News and Miscellany.

Dr. E H. Sholl, of Warsaw, Ala., recently amputated the foot at the ankle joint in a case of senile gangrene in a negro *over* 100 *years old.*

Overlaid Children.—It has been noticed in the city of London, that the occurrence of deaths among young children from being overlaid by their parents, is more frequent during the holidays, and particularly on Saturday nights, at which times their parents are more liable to be overcome by intoxication.

Three natives of Madagascar are studying medicine in Paris.

Prize Essays of the American Medical Association.—All essays offered for the prize must be sent on or before April 1, to some one of the Committee, who are, Drs. Worthington Hooper, (Chairman), New Haven, Conn.; G. C. Shattuck, Boston, Mass.; Usher Parsons, Providence, R. I.; P. A. Jewett and Jonathan Knight, New Haven.

Mr. H. Poole, who was sent by the Foreign Office (English) to the Dead Sea to search for nitre, which was reported to occur there, has returned without success.

Concours for Railway Doctors in Germany.—The Directory of the new Franco-Austrian State Railway Company has offered for competition fifty well-paid posts of railway-surgeons, and there were 251 candidates. It is stated that merit and services already rendered to medicine were the sole points for guidance in the choice, which seems chiefly to have been determined by Dr. Keller, the principal medical officer of the company.

Chinese Medicines.—The Chinese apothecary prepares roots, barks, leaves, fruits, seeds, resins, oils, alkaline earths, metals, crystals, animal bodies and their several parts, especially their secretions and excretions, into infusions, decoctions, powders, pills, extracts, secret preparations, salves, plasters, &c. The mixtures, decoctions of plants, solutions of salts, &c., acquire, by the addition of brown sugar, and of mucous and gelatinous substances, a pretty uniform appearance and a similar taste. The soluble substances are often prepared before the patient in an enormous quantity of infusion of tea, and he drinks the

medicine and the vehicle in the hot state; the powders are sold in small porcelain and stone jugs, and the stoppers being unscrewed, have on their inner surface a little bone spoon, with which the medicine is drawn out: the pills, which are uniform, and very beautifully rolled and often gilded, are packed in air-tight white transparent wax globes, containing one or two doses. The plasters and salves, usually spread upon red cloth, have a variousiy-colored paper envelope, written over with explanations and praises of the remedy.

The Chinese divide their remedies into two great classes—namely, those which produce fat, and aphrodisiacs. A large paunch is considered a great title to admiration, and the devotion of this extraordinary people to the fair sex is well known.—*Brit. and For. Med. Chirurg. Review.*

———o———

To Correspondents.

Dr. D. D. H., Cherokee Nation—Your bill of drugs has been handed to Bullock & Crenshaw, and you can depend on its being filled to your satisfaction, and the goods well packed. With no desire to depreciate Boston, we think you will find that Philadelphia druggists are the best you ever dealt with. Parrish's Pharmacy will go with the drugs.

☞ Two correspondents wish to procure copies of Vol. 4 of the Transactions of the American Medical Association. If any of our readers have this volume, and do not desire to keep complete sets of the Transactions, there will be no difficulty in disposing of a large number of copies, even at an advance on the original cost.

COMMUNICATIONS RECEIVED.—*Arkansas*, Dr. W. Dunlap, (with encl.)—*Cherokee Nation*, Dr. D. D. Hithcock, (with encl.)—*District of Columbia*, Dr. D. S. Edwards, (with encl.)—*Illinois*, Dr W. M. Landon—*Indiana*, Dr. T. P. Bicknell, Dr. J. A. Blacknell (with encl.,) Dr. Frederick Waggoner—*Iowa*. Dr. E. J. Fonntaine—*Mississippi*, Dr. J. W. Spillman—*New Jersey*, Dr. C. V. Moore. (with encl.,) Dr L. Drake, (with encl.) - *New York*. Dr, L. P. Greenwood, Dr. S. D. Willard. (2,) Tilden & Co. (with encl.,) Dr. R. E. Van Grisou—*Ohio*, Dr. James Smith—*Pennsylvania* Dr. J. L. Stewart, Dr. H. Carpenter, (with encl.,) Dr. Chas. C Bombaugh, Dr. O. D. Palmer, Dr. A. C. Murdock, Dr. J. B. Dunlap, (with encl.,) Dr. G. S. Kemble, Dr. Alonzo L. Cryler, Dr. J Flynn. Dr. J. L. Stewart, Dr. F. McGrath—*Tennessee*, Dr. R. W Scott, (with encl.)

Office Payments.—Dr. Jas. Robarts, Dr. Brooks, Dr. Lawrence, Philadelphia Coll. Dental Surgery, (adv.,) Dr. B. N. Baker, Dr. A. O borne, Dr. G. W. Jackson, Mr. L. Helmold. (adv.,) Mr. T. J. Husband, (adv,) McAllister, Bro., (adv.,) Dr. J. H. Pugh, W. C. & J. Neff, (adv.,) Orum & Armstrong, (adv.,) Mr. W. G. Hoskins.

———o———

DEATHS.

SMITH—At a meeting of the Faculty and Students of the Jefferson Medical College, held on Wednesday the 9th inst., Prof. Dunglison, of this city, being appointed Chairman, and Fred. Taylor, of New York, as Secretary, the following resolutions were unanimously adopted;

WHEREAS, It has pleased the Almighty, in his wise providence, to remove from us our pupil and class-mate E. Griffin Smith, of the State of New York,

Resolved, That we most deeply deplore in his death the loss at once of a dear friend and beloved pupil and class-mate, whose many noble qualities have endeared him to every member of the faculty and class.

Resolved, That we tender to his bereaved family, in their sorrow, our heartfelt and earnest sympathy, trusting that in this sad manifestation they may recognise the hand of "Him who doeth all things wisely."

Resolved, That these resolutions be printed in the Philadelphia Daily *Ledger* and in the Philadelphia MEDICAL REPORTER, and that a copy of them be transmitted to his family.

E. Griffin Smith, the son of the Hon. E. Darwin Smith, of the State of New York, was born in Rochester, (N. Y.,) in September, 1835. His health had always been feeble. He spent the years 1855-56 in the tropics, and entered Jefferson College in the fall of '57. He devoted himself most assiduously to study, and his own ambition laid the seeds of the disease which carried him to his early grave. No death, which has ever occurred among our ranks, has caused deeper sorrow and regret than this. As a son and brother, he was devoted and affectionate. As a student, his ambition, talents, and gentlemanly deportment, gained him the respect of all his Professors. As a friend, he was sincere and true, and dying, he bore with him the love of all who knew him. The professors and students accompanied the body to Walnut street wharf, (the last sad respect which we could pay to our departed brother,) whence it was sent, per express, to Rochester. May the loss which we have sustained, prove of good to us all; and may God soften the blow which falls upon his absent mother. Our friend has gone, but his memory will live with us—Requiescat in pace.

FRED. T.

WILLARD.—In Wilton, Conn., Feb. 9th, after a protracted illness, Dr. David Willard, aged 71 years. Dr. W. was father of Dr. S. D. Willard, of Albany, N. Y.

This announcement of the death of one whom we had the pleasure of knowing in days gone by, brings to our knowledge the fact that, in the person of the deceased, we have, for sometime, been unwittingly in pleasant correspondence with our old school-mate and friend.

SUMMER INSTRUCTION

FOR STUDENTS OF MEDICINE.

THE EIGHTH ANNUAL COURSE OF LECTURES OF THE *Philapelphia Association for Medical Instruction*, will commence on the *first Monday in April*, 1860, and will continue, with the usual midsummer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.

The following is the schedule of the course:

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Obstetrics and Diseases of Women, by William V. Keating, M. D.
Anatomy, by Ellerslie Wallace, M. D.
Institutes of Medicine, by S. Weir Mitchell, M. D.
Institutes and Practice of Surgery, by Addinell Hewson, M. D.
Principles and Practice of Medicine, by J. Da Costa, M. D.
Materia Medica and Therapeutics, by James Darrach, M. D.
Surgical Anatomy and Operative Surgery, by John H. Brinton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt.

Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

For further information relative to the course, apply to

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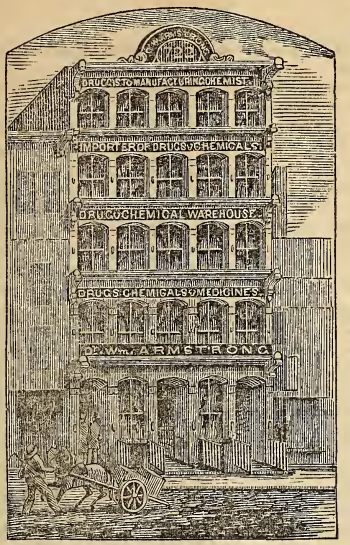

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Apocynin	Rd. Res. Nent	½ to 3	2 00
Asclepin	Rd. Neut	1 to 5	1 50
Baptisin	Res. Neut	1 to 8	1 00
Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
Euphorbin	Rd. Neut	1 to 3	1 50
Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
Eupatorin (purp.)	Rd. Neut. Alk	2 to 5	1 50
Fraserin	Res. Neut. and M. R	2 to 10	1 00
Gelsemin	Rd. Alk. Neut	¼ to 1	2 00
Geranin	Rd. Tannin	2 to 5	60
Gossypiin	Rd. Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
Prunin	Rd. Neut. Amyg	1 to 3	75

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Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

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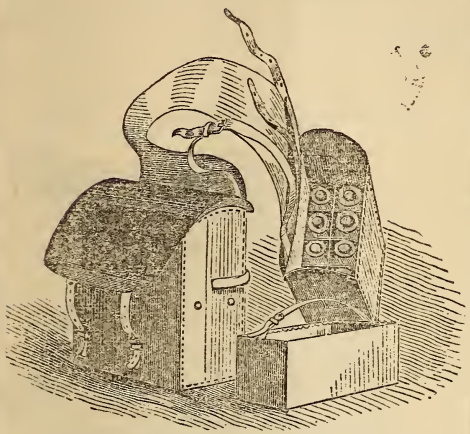

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" "	1	Mortar,	"	"		$15 50
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" "	4	Pots,	"	"		$12 00
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" "	18	1 oz.	"	"		
" "	18	1½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$20 00
No. 2, containing	7	1 1½ oz.	Ground Stop.	Bottles,		
" "	14	1 oz.	"	"		
" "	14	1½ oz.	"	"		
" "	4	Pots,	"	"	and	
" "	1	Mortar,	"	"		$16 50
No. 3, containing	14	1 oz.	Ground Stop.	Bottles,		
" "	14	1 1½ oz.	"	"	and	
" 4	4	Pots,	"	"		$13 09

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Fig. 1.

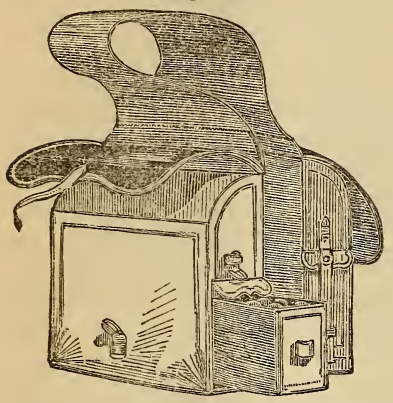

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing 24 vials, $10.50
" " 20 " 9.50
" " 16 " 8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

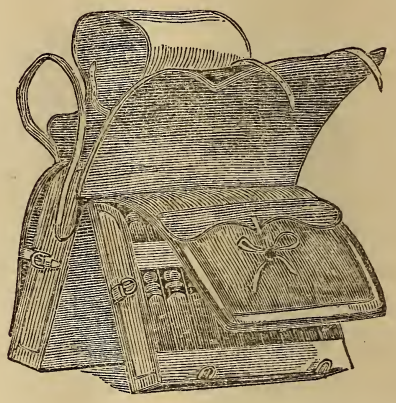

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing 32 vials, $12.00
" " 28 " 11.00

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Pil. Hydrarg.:
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No 190, 1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 175. } PHILADELPHIA, FEBRUARY 25, 1860. { NEW SERIES VOL. III. NO. 22

ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 23.

EXTRA-ORBITAL REGION.—(*Continued.*)—The eye lids may become the seat of malignant disease, and when so, the lower is the one usually attacked. Why such should be the case it is difficult to understand, unless it be the fact, that the under lid is most under the influence of the tears, which it is reasonable to suppose are altered in constitutions with such a diathesis, and become more irritating.

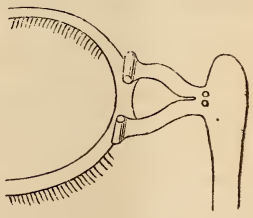
At the inner commissure of the lids, or internal canthus, a little body is situated, called the lachrymal caruncle. It consists of a cluster of sebaceous glands, united by connective tissue, covered by the mucous and sub-mucous layers, and surmounted frequently with a few hairs.

Practical remarks.—This little body serves to dam back the tears toward the puncta of the lachrymal canals. During sleep when the lids are closed the secretion accumulates, and in the morning is discovered as a little hardened mass at the corner of the eye. This body may become enlarged from an abscess, forming in its connective structure, or from aggravated cases of granular conjunctivitis, in which case the prominence consists of lymph effused into its submucous and inter-glandular tissue. Bodies having the anatomical elements of warts or polypi, spring from the same locality, and calculi are in more rare cases met with, embedded in its substance. The term *encanthis* is applied to what is regarded as cancer of this body, but which must certainly be a very rare disease. The affection in horses, called by farmers the "hoxe," is an enlargement of this body, and irreparable mischief is often done to the eyes by the unnecessary removal of the caruncle. In the cases I have seen of this disease, the enlargement was evidently caused by a plastic exudation, the consequence of conjunctivitis.

Lachrymal apparatus.—This consists of the lachmyral gland, puncta lachrymalia, lachrymal canals, sac and nasal duct. The gland will be described with the parts within the orbit.

If the edge of the inner extremity of each eye-lid be examined, a small prominence may be seen, the *lachrmyal papillæ,"* in the centre of which are little dark points, *"puncta lachrymalia."* Each punctum is the orifice of a tear canal.

Fig. No. 22.



Exhibits the puncta, canals and sac.

Lachrymal canals.—These are two in number for each eye. They are partially lodged in a groove on the free surface of the eye-lids.

The direction of the upper canal is first upward and inward, and then downward and inward, that of the lower downward and inward and then upward and inward. They open into the lachrymal sac obliquely, distinct orifices being near to each other.

Their structure consists of a dense wall of white fibrous tissue, intermingled with elastic fibrils, lined with a mucous membrane and covered exteriorly by a layer of striped muscular fibres, the "muscle of Horner." This muscle arises from the os-unguis and dividing into two processes, spreads out over the deep surface of the two canals. The calibre of these two canals is about the size of a small pin, and when not diseased are open tubes, not collapsed as most mucous surfaces are.

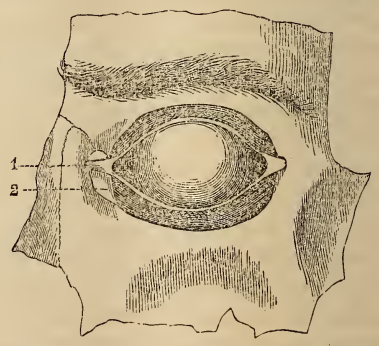
Lachrymal sac.—This is a somewhat conical sac, which occupies the groove formed by the os-unguis and superior maxillary bones. Below, it is continued into the lining membrane of the nasal duct. It is formed of white and yellow fibrous tissue, lined by a mucous layer, which is very firmly adherent to its walls, and receives on its outer and anterior surface the lachrymal canals. This sac is crossed by the tendo-occuli or internal palpebral ligament, which may be made very prominent, by pressing the integument at the extreme part of the orbit outward. From the tendo-occuli several fassiculated expansions pass to the different surfaces of the sac, in addition to which it is covered by the inner fibres of the orbicularis palpebrarum muscle. The direction of the sac is outward and downward, and the sulcus in which it is lodged is opposite the middle nasal meatus, only separated from it by the os-unguis.

Nasal duct.—This is a bony canal extending from the sac to the inferior meatus of the nose, at the anterior part of which it opens. Its direction is downward, outward, and slightly backward. The degree of inclination will be in a measure regulated by the different facial conformations. The bones which form its walls are the os-unguis, superior maxillary and the inferior turbinated, and its diameter being greater at the nasal and occular extremities than the middle, make it somewhat of an hour-glass form. If the infra-orbital margin be traced inward, it terminates at the outer side of the entrance to this canal, by a little rounded nodule, which is much dwelt upon as a guide to the sac. The unimportant development of this point in a great majority of heads, will lead us, I think, to place upon it but little importance. The nasal duct is lined by a periosteal submucous and mucous layer, which are continuous with the lachrymal sac. The mucous layer is loosely connected with the parts on which it rests. Where the duct opens into the nose on its outer wall, a duplicature of the lining membrane is often formed, which conceals the orifice. From what has been remarked, it will be noticed, that the nasal mucous membrane is continued into the duct, sac, lachrymal canals, and conjunctiva of the eye.

Blood vessels.—The arterial trunks come from the ophthalmic internal maxillary and facial. The angular artery lies close to the side of the nose; the veins empty into both the ophthalmic and internal maxillary.

Nerves.—These come from the palpebral branches of the fifth pair. The inclination downward and forward of the upper maxillary bone from the brim of the nasal duct should not be overlooked.

Fig. 23



Is a section of the frontal and facial bones. The eye-lids are attached to the outer part of the orbit by the external palpebral ligament, and internally by the tendo-occuli, marked (1), behind which is seen the lachrymal sac (2).

Practical remarks.—The puncta being on the edge of the tarsal cartilages, and directed toward the surface of the eye, are well adjusted for receiving the tears. Alterations in the

form and direction of the lids will be attended by such changes in the presentation of these little orifices as to often interfere with their proper function, causing one variety of epiphora. That of the aged, called senile lachrymation, is probably due to this circumstance. Connected with this overflow of the tears is frequently seen an ectropion of the lower lid produced by the excoriation and subsequent contraction of the surface. The angle formed by the first and second portions of the canals should be carefully studied, in order to convey an instrument through their centres without inflicting injury. The manipulation will consist in inclining the instrument toward the outer canthus, after carrying it a short distance through the punctum, at the same time drawing the corresponding lid outward, which will aid in straightening the angle. These canals may become obstructed by irritation or inflammatory swelling, incapacitating them for conveying the tears. This is often seen in influenza. Excessive lachrymal secretion may cause the tears to accumulate, and even run over the lids when these canals are perfectly normal. They may become obstructed by calculi. Wounds of the canaliculi are liable to render them ever after useless. They are sometimes congenitally absent. The presence of one will when there is no excess of secretion, be adequate for its removal. Their walls being extensible, may, by graduated probes, be dilated to many times their natural diameter.

The lachrymal sac is not only strengthened by the expansions from the tendo occuli, but is from the same attachments acted upon by the inner fibres of the orbicularis palpebrarum muscle. Its wounds heal readily without endangering the function of the sac, which is readily understood when we take into consideration its direction, determining the tears along its posterior, rather than the anterior wall. It may be ruptured by a blow, and as it communicates with the nose through the nasal duct, we have the explanation of the emphysema which spreads through the cellular tissue of the eye-lids and face.

In lachrymal fistula, the sac is opened by ulceration, as well as the integuments in front. The reason why the tears do not always flow back from the sac through the canaliculi again upon the eye, where a mechanical obstruction exists to their passing into the nose, is owing to the obliquity at which the orifices of these canals open, endowing the mucous lining of the sac with the functions of a valve. The lachrymal sac being lodged in the sulcus of the os unguis, and the latter separating it from the middle meatus of the nose, a route for the tears may at once be made by perforating this bone, when there are insurmountable obstacles to the ordinary one. The introduction of a style into the sac and nasal duct, with a view to overcome stricture in the latter, and maintain a passage for the tears, without a correct appreciation of the parts, will prove embarrassing. The upper maxillary inclining in, rapidly toward the orifice of the nasal duct, is prone to make the operator suppose he is over the infra-orbital ridge when he is not, and the consequence is, the instrument may take a position between the bone and the muscles of the face. Again, if pushed too far in, it may graze the outer side of the sac and pass along the inner wall of the orbit. Let the reader recur to the diagram, and he will perceive that the tendo-occuli passes across the front of the sac. It is, therefore, clear that if the bistoury be pushed horizontally in under this tendon it will enter its cavity. But, again, if a skull be examined it will be found that the lachrymal sulcus, in which the sac lies, is directed toward the nasal, rather than the orbital cavity, in a niche between the two. Therefore the direction of the knife should be toward the nose more than the orbit, when in the event of its being carried too far it cannot pass beyond the posterior wall of the sac, where it reposes against the os unguis. Again, as the sac is continuous with the nasal canal, and has the same direction, the instrument once in the sac must be changed from the horizontal position to the vertical, and inclined as it is pushed on, inward, downward, and slightly backward. By the movement inward, I mean toward the median line of the forehead.

If any one will take up a skull, especially,

one in which the internal angular process of the frontal bone is well developed, and endeavor to pass a straight instrument along the nasal duct, he will find that the handle will strike the frontal bone before the point reaches the axis of the duct, and thus endanger the posterior wall of the canal. For this reason, the handle and the blade of the bistoury should not be in the same line.

Placed in front of the sac are the inner fibres of the orbicularis palpebrarum, ascending in fasciculi to their attachment into the tendo-occuli. On account of their direction, the knife, which is to enter the sac, should be passed in flatwise, that these fasciculi may be divided across and thus placed at rest, otherwise they are constantly displacing the style; and last, that the puncture should be made nearer the anterior margin of the nasal duct than the tendo-occuli, and not too near the corner of the eye, in order that the style in the one case may have a more fixed base upon which to rest and be less under the action of the soft parts, and in the other, that the angular artery or vein be not wounded. The nasal duct being surrounded by bony walls, may be injured by such accidents as implicate the facial bones, as fractures, tumors, necrosis, polypi, etc. The mucous lining of the duct being loose, its cavity will become very soon closed by an inflammatory exudation, as there can be no peripheral expansion, and as its middle is the narrowest portion, this, probably, first. It is such closures or strictures which determine a fistula lachrymalis. As the mucous membrane of the nose is the seat of many catarrhal attacks; is also maltreated with such a variety of villainous stimuli, it is reasonable to suppose that the disease, which produces fistula, most frequently commences at the nasal, rather than at the occular end of the tube. The length of the duct, with the addition of the soft parts being a trifle over an inch, the style should be under that length. The nasal duct having an orifice at the anterior part of the inferior nasal meatus, may, when the mechanical obstacle, already specified, does not exist, be entered by properly formed instruments, from this surface.

Spina Bifida; with Observations.

By J. W. Spillman, M. D.,

Of Columbus, Miss.

Having recently attended a case of this disease, which is one of rare occurrence, so that but few have an opportunity of seeing it, I have thought that the publication of a report of this case would not be entirely without interest to the medical profession.

I attended the mother of the child, who was the subject of this disease, at her confinement, which terminated without much difficulty. After handing the child to the nurse, my attention was directed by her to an extraordinary "mark" (as she termed it) on the back of the child. On examination, I found a tumor partially filled with fluid—it having burst during parturition—situated over the lower lumbar vertebræ. The tumor was two and a half inches in length and two inches in breadth. There was a space of an inch in circumference at the centre of the tumor, deprived of cuticle. The integuments at this point were thick, while around the edge of the tumor they were thin and transparent. By pressing on the tumor, along the middle line of the back, I discovered a fissure in the vertebræ. The pressure used seemed to give the child some pain.

The head of the child was of ordinary size, and well shaped, but there was a deficiency in the bony structure; could discover no marks of hydrocephalus. There was also malformation of the bones of the pelvis, the hip joint being out of place.

The following morning I visited the child, and found it doing well, having urinated and had an operation from its bowels during the night. The tumor having refilled, I punctured it, and there exuded a thin serous fluid. On the seventh day after the birth of the child the tumor began to inflame, and I was informed that during the night the child had slight convulsions. The child remained in this condition, without much change, until the tumor began to ulcerate. The convulsions then increased in frequency and severity; causing the head to be drawn back to the spine, and the legs to the abdomen. For several days before

the death of the child, the body retained this position, even when not under the influence of a spasm. The child died on the twenty-fourth day after its birth. My treatment in this case was occasional puncturation, together with slight pressure on the tumor.

The mother of this child has had three children, two living and healthy. Both the mother and father are stout and healthy. No hereditary taint in the family.

Spina bifida is a congenital disease, the most frequent situation of which is in the lower lumbar vertebræ. This disease is termed by some hydrorachitis, and is considered a dropsy within the spinal canal. Also, that the dropsy occurs prior to the formation of bone, thus causing the deficiency in the spinal column. This opinion is grounded principally on the fact that this disease is frequently associated with hydrocephalus.

Others contend that the primary cause of the disease is arrest of development in the structure of the bones of the vertebræ. The spinal membrane, not receiving sufficient support, is forced out, by the fluid within, thus causing the tumor. I am forced to adopt this opinion, from facts connected with the case above reported. In this case there was not only a diseased condition of the bones of the vertebræ, but also of the head and pelvis The local dropsy within the vertebral canal, certainly could not cause the malformation of the bones of the head and pelvis. There is another fact connected with this case, which will tend to establish this position. There was no appearance of hydrorachitis, or tendency to dropsy in any other portion of the body, excepting at the tumor. As dropsical effusion is not a disease, of itself, but an evidence of a morbid state, the presence of fluid in spina bifida may be accounted for thus:—The spinal membranes secrete a fluid for the purpose of lubrication and protection to the chord. These membranes in this disease are distended, producing an increase of secreting surface, consequently there must be in the same ratio an increase of the secreted fluid.

External Manipulations of Fœtus in Utero to rectify supposed Malpositions—Vindication of the action of the Scott County (Iowa) Medical Society in expelling a member for alleged unprofessional conduct.

(Official.)

"The New York *Medical Press*," of January 28th, contains an editorial notice of an article, published in the same number, from Dr. I. Langer, of Iowa, in which editorial the following language is used.

"This, we think, is a thorough refutation of the charges brought against Dr. Langer by his late associates of the Scott County Medical Society, placing them in an unenviable light before the professional world."

It must appear a little remarkable to the profession that this expression of opinion should be made by the conductors of a medical journal, on the *ex parte* statement of a man, who stands convicted of conduct unbecoming a physician and a gentleman, and of wilful violations of the code of ethics. It is no uncommon circumstance for a party arraigned for crime in courts of justice to make out a plausible story of persecuted innocence, and sometimes so successfully as to enlist the sympathy of all who may listen, until the evidence of guilt is presented. For a judge or jury to pronounce the verdict of not guilty, on the representations alone, of the party accused, would be even less unreasonable than the course pursued by the editors of the New York *Medical Press*. Less, because in this instance the party has been tried by a body of his peers, and found guilty, and condemned as unworthy of their confidence and fellowship. The haste with which they have presumed to reflect unwarrantable accusations against this body of medical men, must rather place themselves, as editors, "in an unenviable position before the medical world." The members of the Scott County Medical Society fear not the verdict of the profession at large, relating to the course they have taken; and when all the facts are fully known, they are confident of being sustained by all who are hostile to quackery, and have the good of the profession at heart; and, for the honor of the profession, they regret the

hasty and inconsiderate step which has been taken by the editors of the above mentioned journal.

In due time, the action of this Association will, undoubtedly, be reviewed by the State Medical Society of Iowa, before which will be placed all the evidence in the case. But, in the mean time, it cannot permit such gross misrepresentations, and unfounded opinions to pass unnoticed before the medical world.

The grounds on which the Society acted, and the position it has taken in relation to a certain kind of practice, are expressed in the following preamble and resolution passed at the quarterly meeting of the Scott County Medical Society, October 25th, 1859.

"WHEREAS, at the previous meeting of the Scott County Medical Society, held July 26th, 1859, Ignatius Langer was found guilty of a charge then preferred against him, of making, and repeating from day to day certain unwarrantable examinations and manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovering and correcting a malposition of the fœtus in utero, and of publicly proclaiming the object and intention of his repeated visits to said patient; And whereas, said Langer, in the face of an unanimous vote of this Society condemning the practice, still persists in his avowed determination of requiring females to submit to any examination of their persons which he may think proper to make at any time during their pregnancy, which is contrary to all authority and usage, and derogatory to the dignity and decency which should ever characterize the conduct of a physician and gentleman; And whereas, certain other charges, then preferred against him, which were submitted to the investigation of a special committee, have been well and fully substantiated by testimony adduced by various persons, members of this Society, and others, and which charges constitute special and distinct violations of the letter and spirit of the Code of Ethics, by which this Society is governed; And whereas, during this investigation, said Langer has publicly uttered various contumelious remarks regarding the members of this Society individually and as an association of professional men, thus exhibiting his disregard of the opinions and actions of the Society, endeavoring to cast upon it the imputation of ignorance and the want of a generous spirit of tolerance; And whereas, this Society deems it due to its own self-regard, and to the standing which it has ever endeavored to sustain among all honorable organizations of its kind, to protect itself against these aspersions, to discountenance and condemn, in the most emphatic manner, the indecent and disgusting practices above mentioned; therefore be it

Resolved, That the said Ignatius Langer is no longer worthy of fellowship with us, having forfeited all claims thereto; that hereafter we individually and collectively will hold no further professional intercourse with him, and that he be and is hereby formally and finally expelled from the membership of this Society."

By the above it will be seen that the expulsion was based upon violations of the Code of Ethics, as well as improper conduct in a case in practice; and yet the editors of the *Medical Press* say, that the paper of Dr. L. is "a thorough refutation of the charges," when the paper contains only an attempt to refute one part of them, and that by making a false issue! How thorough the refutation is, this communication will show.

First, let the profession understand that the Scott County Medical Society has never denied the possibility or propriety of turning by external manipulation *at the time of labor*. Whatever our opinions, as individuals, may be on this subject, the Society has never entertained its consideration, nor has any one ever been denounced for such practice. But it has condemned, and still condemns the practice of requiring females to submit to examinations of their persons, during the period of gestation, for the purpose of making attempts to correct supposed malpositions of the fœtus *previous to the commencement of labor*. When the expelled member brings forward authorities in support of the practice of turning by external manipulation after labor has commenced, and has the characteristic mendacity to affirm that we discredit such authors, and convey the impression that he was expelled for such practice, he is manifestly endeavoring to make a false issue in order to obtain the sympathy of those who can thus be deceived. It is important, therefore, that the profession should understand this point distinctly. We will show that the Society had good cause to take action upon this question, independently of all others, and that we are sustained in our decision by the best living authorities of our country.

The value of the paper, *signed* by Mr. and Mrs. Whisler, will be appreciated by compar-

ing it with the following communication from Dr. Gregg, of Rock Island, a veteran member of the profession in our sister State, himself of foreign birth and education, and inferior to none, in every accomplishment becoming a physician and a gentleman.

Statement of P. Gregg, M. D., of Rock Island.

"*Audi alteram partem.*"—Such is the heading of an article, to which my attention has been recently called, written by Dr. Ignatius Langer, of Davenport, Iowa, and published in the New York *Medical Press*, of January 28th. Appended to the article is an apparently imposing array of authorities on the subject of external manipulations for the correction of fœtal malpositions, and also a certificate from a lady and gentleman, endorsing the gentlemanly conduct and scientific attainments of Dr. L., in a particular case.

The propriety of the above classical caption, on the part of Dr. L., is well enough, as he had heard, and was conversant with the other side of the question. But the *ex parte* endorsement of his article, by the editors of the New York *Medical Press*, is certainly open to very grave objections, as they had before them but the *unum partem* on which to base an opinion as to the merits of the case.

Time does not permit, nor does inclination prompt me to enter upon a discussion of manipulations in general, nor to involve myself in a controversy on this particular item, among many, of the charges which led to the expulsion of Dr. Langer from the Scott County Medical Society. But inasmuch as my disapproval of, or dissent from the practice pursued in that case, and expressed to a member of the Society, originated the charge referred to, justice to myself, and to the Society require from me a full statement of the case, with such comments as may be necessary for its elucidation.

In the month of April, of the past year, I was waited on by Mr. W——r, who very earnestly requested me to visit his lady, in Davenport, in consultation with Dr. Langer. In answer to my inquiry, as to what the trouble was, he replied, (I give his homely, but expressive language,) "My wife is about being put to bed, and the Doctor says, the baby is wrong. The Doctor has a sore finger and cannot operate." On arriving in Davenport, I found the Doctor in his office, and proceeded with him to the patient's residence; the Doctor carrying his arm in a sling, one finger immersed in a tin-cup of iced water, and which, he informed me, had been his condition for several days, owing to a severe contusion of the finger.

On arriving at the house, I was ushered into a front parlor, through the open, postern door of which, I saw the patient coming from her kitchen. The Doctor met her in an intermediate room, where he had the lady placed on a bed, and manipulated (with one hand, it will be observed) for some four or five minutes, when he came out and invited me to make an examination, saying at the same time, he thought he had rectified the difficulty.

I must confess to no small surprise, (agreeable of course,) on finding that there was no necessity for my aid, or interference in what I had naturally supposed to be a case of labor. No little out-stretched arm silently, but forcibly pleading for the exercise of obstetrical science in its behalf—no little innocent, elbowing or shouldering his or her way into worldly life! No chance there for "a striking effect," (*vide* Dr. Noeggerath—New York *Journal of Medicine.*) But before me was a strong, healthy, well-formed, and quite fleshy lady, *without a single premonition of labor*, not a hair's breadth of dilatation of the os-uteri; *nothing, in fact, justifying the presence of an old woman, much less of counsel from the other side of the river.*

After expressing my opinion to the lady and her alarmed husband, in which the Doctor coincided, that *all was right*, I left, the Doctor accompanying me. There was as little necessity for his remaining, as for a consultation.

On the day of the Doctor's arraignment before the Society, I was present, and stated the case substantially as here related, inviting Dr. L., if in anything I misrepresented, to correct me. He admitted the truthfulness of my statement, but contended that he did not mean to be understood as correcting the malposition during the short time of my visit, but that he had been gradually accomplishing it, little by little, for a number of days, and on the occasion of my visit he had completed the somersault!

If I may be permitted the use of a slang phrase, intending thereby no disrespect for the Doctor, I would say, this change of position was from "the frying-pan into the fire."

Is this to be the future practice, sanctioned by the New York *Medical Press?* Is a man to be sustained by the profession, when he asserts that he can and did, from hour to hour, and day to day, hitch the fœtus, as it were, on to some imaginary hook, or shelving projection in the uterus, until his leisure permits him to take another hitch, and so on, and this, too, when a woman is moving about, attending to her domestic affairs!

I confess to the obscurity of my locality, and my name in the profession; but I claim that twenty-four years of active practice, and attendance on, at least, twelve or fourteen hundred cases of obstetrics, entitle me to a modest protest, if nothing more, against such practice as developed in this case.

The certificate of Mr. and Mrs. W——r can have no force as a defensive item for the Doctor. Not

that I would discredit their statement, on the contrary, I would defend their veracity if assailed; but the "feeling different on this occasion from preceding occasions, and something must be wrong, Doctor," is the old story, and with which every practitioner is conversant; and those "false pains" and "unusual feelings" *open up to the unscrupulous quack the most extensive field for imposition.* The credulity of women in a pregnant state, and their confidence in their medical attendant are unbounded; *and the man who would basely take advantage of that confidence either to produce "a striking effect," or to promote his pecuniary interests should not be acknowledged by the profession nor sustained by the public.*

Signed,

P. GREGG.

Rock Island, February 10, 1860.

The above statement of Dr. Gregg conveys to the profession a graphic and truthful account of the origin of this controversy. So evident was the unblushing quackery of the whole proceeding, that he was arraigned before the Society by Drs. Barrows and Witherwax, two venerable members of the profession, who had years previously retired from practice, but still, with a highly commendable spirit, retain their connection with the medical organizations of the country, and participate in their proceedings. The former, Dr. E. S. Barrows, is now President of the State Medical Society of Iowa. Dr. L. acknowledged the practice of which he was charged, and affirmed, that he would always require a pregnant female to submit to any examination he thought proper to make at any time during her gestation; and further, that he would not prescribe to such a person, unless permitted to do so. He acknowledged, also, as Dr. Gregg testifies, that he repeated his visits, and manipulations, and examinations from day to day, during which time he was slowly progressing in the accomplishment of his purpose, with this very accommodating fœtus, up to the time when Dr. G. was called to the case, when, *keeping Dr. G. out of sight,* he suddenly gives it the last finishing touch of his magic hand, and "all was right;" and the lady resumed her occupations in attending to her household duties, happy, no doubt, in the promise of a safe delivery when her full time should arrive! He furthermore made no denial of the charge that he had, during this period, given the matter a wide notoriety, by relating the character of his visits and their object, to people on the streets, and elsewhere, in violation of all propriety, and with an object too patent to admit of a doubt. The Society then condemned the practice of which he was guilty, and suspended him from membership by an *unanimous vote.* The charges of general unprofessional conduct and violations of the Code of Ethics, were referred to a committee, with instructions to investigate the facts, and report at the next quarterly meeting. The investigation was made during the following three months, and a report submitted, in which his guilt was admitted, but a milder punishment than expulsion recommended, *so far as the charges submitted to their investigation were concerned.* All the testimony was presented in writing and read in full before the Society, and also the defence of the party accused, which latter paper contained as its basis of argument, a series of deliberate and gross falsehoods, of which we have positive proof in the records of the Society. After this, letters were read from a dozen or more Professors of Obstetrics, and others, in different parts of our country, from some of which are taken the extracts, which are given below.

In accordance with the sentiments expressed in these letters, and in a firm conviction of acting in strict reference to the requirements of duty and justice, the Society decided that the charges of Drs. Barrows and Witherwax were sustained; and expelled him from membership, for reasons expressed in the preamble, against one negative vote. This vote was given by the chairman of the committee, who accompanied it with this statement, to go upon the record, that he voted in the negative to be consistent with his action as chairman of the committee, which had recommended a milder punishment, but he coincided in sentiment with the authors of the letters which had been read, and acquiesced in the justice of the verdict of the Society. The lateness of the hour had compelled many of the members to be absent, among whom was Dr. Witherwax, one of the two original accusers, (Dr. L. falsely states that both were present,). As Dr. L. has tried to

make it appear that he was tried and condemned by a faction, it becomes necessary to mention the above particulars, and to state further, that on this question the Society is a *unit* in sentiment. It is composed of members, who reside in Davenport, Le Claire, Princeton, and Blue-Grass, and in various parts of the country within the county, and those who reside without the city of Davenport were prevented from adding their names to the affirmative only by the lateness of the hour, before which they had been obliged to leave to return to their distant homes.

The following extracts are from the letters above mentioned, which were written in reply to certain questions addressed to them in behalf of the Society, and which letters now constitute a part of its records.

The extracts given below are in reply to the question, "What would be your opinion of the conduct of a man who, professing to be able to detect and rectify malpositions of the fœtus in utero before labor, attempts to do so by repeated manipulations, and proclaims to his friends and the public what he is doing?"

We will first give the answer of CHANDLER R. GILMAN, M. D, *Professor of Obstetrics in the College of Physicians and Surgeons of New York.*

"I say unhesitatingly that the man is a fool and a knave both, and as such utterly unworthy to belong to any association of honorable men. On this subject, it seems to me that there ought not, and cannot be any difference of opinion among scientific physicians and honorable men."

The next is from H. MILLER, M. D., *Professor of Obstetrics &c., in the Louisville Medical College, President of the American Medical Association, and Author of a standard work on Obstetrics.*

"There can be but one answer to the question by all right-thinking and right-feeling practitioners, namely, that he is an *arrant, unblushing and grossly indelicate charlatan.*"

And he further writes:

"As to the practice of always examining or desiring to examine ladies previous to the commencement of labor, to ascertain whether or not the position of the fœtus is right, I agree with you that such conduct is '*highly indecent and unwarrantable,*' and I may add, that it ought not, and I would fain hope will not be tolerated by '*decent*' females in any part of our country."

P. A. JEWETT, M. D., *Professor of Obstetrics in the Medical Department of Yale College, New Haven*, writes:

"It is *quackery;* and no respectable physician, who values the honor of the profession, would engage in such a course of imposition."

JAMES P. WHITE, M. D., *Professor of Obstetrics in the Buffalo Medical College*, writes:

"My opinion is, that a man who so professes and conducts himself, is a *quack.*"

TRUMAN KNOOLES, M. D., *Professor of Obstetrics in the Iowa Medical College*, writes:

"I should consider such a man a knave, making a base attempt to deceive the public for the purpose of gain; and further, if I could be made to believe that such an individual *reposed any confidence in his pretensions*, I should think him *insane* or a *fool*, and a subject for the contempt or pity of all honorable men, just as ignorance, insanity or rascality dictated the course."

WM. H. BYFORD, M. D., *Professor of Obstetrics in the Lind University of Chicago*, writes:

"I unhesitatingly say, that it is *contemptibly unprofessional.* The man who thus demeans himself forfeits the fellowship of honorable medical men, should be anathematized by all professional organizations, and spurned from decent society."

And again he says:

"I can hardly find words strong enough, in which to condemn the practice of always asking to examine ladies previous to labor, to see if the child is in the right position. It is certainly *disgustingly indecent*, and I can see no motive but the morbid lustful desire of lascivious libertinism, thus to handle the persons of lady patients."

PROF. VALENTINE MOTT, M. D., L. L. D., writes:

"Such conduct could only be pursued by a *charlatan.* If by a regular practitioner, he would deserve the contempt and reprobation of the profession."

The following is from A. T. WOODWARD, M. D., *Professor of Obstetrics in the Castleton Medical College, Vermont.*

"Furthermore, I think any person living in the hope of daring to ask forgiveness for unremitted sin, if compelled by a God-forsaken propensity to practice dishonesty in the healing art, would, unless lust were engraven eternally on his soul, seek some less revolting, a more pardonable way, than that of fingering the credulous and unsuspecting pregnant female, with promises of a safe labor to both mother and child for the sacrifice."

We might go on and quote from Prof. GILBERT and Prof. HODGE, of Philadelphia, and numerous others, in condemnation of such conduct and practice. But space will not permit, and why need we mention any more? Are not these sufficient for our justification? Upon these men does such a person as this Dr. Langer dare to cast the imputation of "gross and unpardonable ignorance" and "a criminal neglect of duties!" in the same spirit, and with as much regard for truth as his brother Hungarian, Dr. EISLER, of New York, writes a paper which was read before the Leipsic Obstetrical Society, and published in the Berlin Obstetrical Journal of Oct. 1859, in which luminous paper he says: "In New York, more especially, be it remarked, the science and art of obstetrics has been taught *only during the last three years.* Therefore, the science of obstetrics takes here (in New York) *a very low rank!*" We find with deep regret and astonishment, that even Dr. Noeggerath joins in this denunciation of American practitioners, by charging them with "unjustifiable neglect," and imputing to them most unworthy motives. (*N. Y. Jour. of Med., Nov.* 1859, *p.* 347.)

It will now be apparent, that the members of the Scott County Medical Society of Iowa acted deliberately, unitedly and advisedly in this matter; and with the emphatic condemnation of such practice and conduct by the men of highest authority and standing in our country, we felt that it would be a dereliction of duty on our part if we failed to act in accordance with their expressed opinions.

Will the editors of the *New York Medical Press* now venture to say, that we are placed "in an unenviable light before the professional world?" and will they call this "persecution for opinion's sake?" Let the profession beware how they credit the statements of one to whom the above expressions of our most eminent teachers apply, and one who has been proven in the society of which he was a member to be utterly regardless of truth. If it were not noticing too much the communication of this man in the *N. Y. Med. Press,* evidence of this same disposition to deception could there be pointed out. Some have already been alluded to; and we may state that in his lame and labored effort, by aid of Dr. Noeggerath, to bring apparently an array of authority to sustain him, he includes those like RAMSBOTHAM, who emphatically deny the possibility of detecting mal-positions before labor. Thus this author says, (p. 262, 4th Am. Ed.) "It is then only after labor has commenced, and when, indeed, it has made some progress, that we can positively detect a transverse presentation;" and yet he names this distinguished author as one of those who support his position! and more than that, he is named as one of those who have no credit with the members of our society, when he knew he was saying an untruth, and practicing a piece of deception which is in keeping with the character of the practice of which we found him guilty. But the paper, with all its absurdities, misrepresentations and gasconade, is unworthy of further notice, and would not be noticed at all but for the editorial endorsement it has received, accompanied with an unbecoming reflection upon our official action and professional character.

In the March number of the *N. Y. Jour. of Med.* will appear a paper from the Scott County Medical Society, in reply to Dr. Noeggerath, who has publicly called our attention to his last report, in a manner which betrays the spirit which prompted its publication. To this we invite the attention of the profession of the United States, upon whom Dr. Noeggerath and others who are so much his inferiors that they should not be named together, have presumed to cast the imputation of "gross and unpardonable ignorance" and "unjustifiable neglect," and what Dr. N. calls "a very pardonable desire" to practice so as to produce "a striking effect!" Dr. N. may yet learn that American practitioners are not amenable to such a charge, and if such desires appear "pardonable" in his estimation, they will receive no such endorsement by the members of the profession he thus insults. It may, however, be pardonable for them to prefer the sound practical common sense of English and American writers, to the vagaries of the German *Illuminati.*

And what is the practice which Dr. Noeggerath would have the profession of this country adopt?

It is worthy of note, that what one of this class of obstetricians (*Mattei*) considers proper and commendable, another luminary of this order (*Esterle*) regards as "unnecessary and dangerous."

It is also on record that in a letter to a member of the Scott County Medical Society, addressed to him in its behalf, Dr. Noeggerath says, "the very labor pains are *required* to insure the success of the operation," by which of course is implied that it cannot be performed before labor. Soon after this, in the Nov. No., 1859, of the *N. Y. Jour. of Med.*, he says in effect, that it may be performed before labor, but it will do no good; and directs us to wait until labor has commenced. Two months later, in the same journal, he teaches that it should be performed before labor, "*at any time during the last three months of pregnancy, as soon as the accoucheur detects a transverse presentation!*" How can Dr. N. expect the profession to keep pace with such wonderful progress? In his last communication he recommends, through Esterle, when ordinary manipulations fail, to resort to "*gentle knocks*" upon the ends of the fœtus alternately, and "*concussions*" upon the head "in quick succession." Is this the climax of the practice, or must we look for something still more marvelous in the next Report? All this is to be done "at any time during the last three months of pregnancy, (last November it was to be done only "at the time of the beginning of labor.") If the rectification is made in the seventh month, how frequently must it be repeated during the eighth and ninth? and how frequently must the search be made for malpositions? Evidently, according to this doctrine, every unborn child must have a doctor to *pilot its direction* during its last three months of fœtal life, and all pregnant females must be examined repeatedly during the last three months of gestation, as invariably, and as much a matter of course, as we now feel the pulse of an invalid!

Such is the character of the practice which has been condemned by our society, and such the consistency of its advocates! We are informed by Prof. D. HUMRHREYS STORER (on what authority he does not say) that, "In the Hospitals of Vienna women are constantly presenting themselves for examination to the physicians to have their "presentations" determined; and the physicians affirm (?) that in the great majority of cases they can and do determine this *previous to the seventh month.*" *Cui bono?* one may well ask. Such needless and worthless experiments (if such are made) may be tolerated by those females who are totally lost to all sense of decency and shame, in a city where the standard of morality is so low that nearly or quite one half of all the births are illegitimate; but it is presumptuous, to say the least, for such advocates of obstetrical fumbling to ask the people of this country to adopt a practice so repugnant to their ideas of morality. Advocating a practice of this character, and disagreeing among themselves as to how much of their operations are "unnecessary and dangerous," they presume to lecture the profession of this country for not having adopted this *unnecesssary and dangerous, and highly immoral and disgusting practice;* and dare to utter the charge of "gross and unpardonable ignorance" and criminal and unjustifiable neglect of duty. And such language as this has received the approving commendation of the editors of the *N. Y. Med. Press*, and a Medical Society is denounced for its condemnation of such a practice. Are they *Americans* who thus submit so graciously to these insulting imputations? But it matters not. We are members of one common brotherhood in our noble calling, and the interests of humanity as well as the honor of the whole profession demand a careful scrutiny of the conduct of those who would dishonor its character and degrade its dignity by the tricks of a charlatan, though practiced under the imposing garb of scientific pretensions, and in the name of medical progress. The members of the Scott County Medical Society of Iowa stand before the profession of this country firmly committed to the denunciation of this repulsive innovation, which they regard as

mockery of science and a caricature on medical progress.

It is our object by this communication to place in its true light the exact nature and origin of this controversy, which has been so grossly misrepresented; and to show that we have been sustained by the best living authorities of our country.

For a review of the paper of Dr. Noeggerath which he recommended to our perusal, and a full exposition of the absurdity of the practice and its unfounded claims to scientific pretensions, the attention of the profession is again invited to an official communication which has been sent for publication to the *New York Journal of Medicine.*

J. M. ADLER, M. D.,
E. J. FOUNTAIN, M. D.,
C. C. PARRY, M. D.,
J. W. H. BAKER, M. D.,
THOS. J. SAUNDERS, M. D.
Committee.

Davenport, Iowa, Feb. 10, 1860.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL,

FEBRUARY 8TH,

Servive of Dr. Francis G. Smith.

(Reported by Mr. J. B. Hayes.)

Dropsy—Progress of Cases.—Dr. Smith remarked, that on the last day he occupied the hour with the consideration of Dropsy. One of the cases he had brought up to-day to report progress. It was a case of ascites. The patient says, that she feels a great deal better; the swelling is diminished one-half, and she can now sleep on either side. The treatment had been infusion of juniper berries and bitartrate of potassa, an ointment consisting of equal parts of mercurial and compound iodine ointment to the region of the liver, and a roller to the abdomen.

The other case—anasarca, depending upon renal disease. He had noticed in this case, a diminished amount of the secretion of urine. On Saturday afternoon, the patient was attacked with convulsions. The urea was doubtless retained in increased quantity in the blood, and produced a toxical influence on the nervous system. The same phenomena were occasionally seen in pregnancy. Anasarca of both upper and lower extremities, was produced by the pressure of the gravid uterus upon the great blood vessels, and the convulsions of the puerperal state were dependant, as is generally believed, upon retention of urea.

When this condition is observed, we should always set the kidneys freely at work, not only to remove the œdematous condition, but also the urea.

The Urine in Pneumonia.—Dr. S. remarked, that as the attention of the class had been frequently called to this disease by his predecessor, he did not propose to-day to make any extended remarks upon its nature or treatment. This patient he had brought up for a two fold purpose. *First*, to show the beneficial effect of a stimulating plan of treatment, in this case of acute inflammation. There had been in addition to pneumonia of the left lung which had passed on to the stage of red hepatization, decisive indications of an approaching attack of delirium tremens. Besides opium and calomel, an ounce of whiskey was given every two hours, not only with no bad effect upon the inflammation, but with a decidedly good influence over the delirium. The patient was approaching convalesence, as indicated by a return of the crepitant rale, in the affected lung. *Secondly*, to bring to the notice of the class a test for the urine in pneumonia, which was believed to afford valuable indications of the existence, progress and decline of the disease. It has been shown by Simon and Redtenbacher, that in the progress of pneumonia, there is an absence of chlorides in the urine; but that as soon as convalescence is established and the respiratory function restored to a certain extent in the inflamed lung, the chlorides again appear in the urine even before the physical signs indicate a return to health, the presence of the chlorides seem to show it.

If any chlorides are present in the urine, they are readily detected by adding to it, in a test tube, a drop of nitric acid and a small quantity of nitrate of silver. In the progressive course of the disease, no precipitate will take place, but in convalescence there will be a precipitate, the white chloride of silver, such as is seen when the tears become opalescent, on nitrate of silver being dropped into the eye.

The urine of this patient afforded a dense precipitate of chloride of silver when the test was applied. The same was observed in the urine of two other patients; and in all these the physical signs indicated returning healthy respiration. This test, as thus applied in these three cases, Dr. S. remarked, was very good so far as it went. The next point to determine is, whether we will find the chloride absent in the advancing first stage of the disease. He had the highest authority for believing their absence,

and he should take care to exhibit the test as applied in the early stages and progress of the disease, as soon as opportunity was afforded

Dr. Bennett attaches considerable importance to the absence of the chlorides, as a sign of diagnostic value, and calls it a *clinical fact.* The test is so simple and so easily performed, that it could be done by any one in the sick room.

Chronic Dysentery.—This patient, Henry Moore, aged 33, was attacked with dysentery in the latter part of June of last year. His discharges have become more natural, but are not normal; mucous is not now mixed with them, but smeared upon the outside.

He has improved upon the following pill, taken every two hours:

℞	Plumbi acetat	gr. j.,
	Pulv. opii.,	gr. ¼,
	Hydrarg. chlorid., mit.,	gr. 1-12. M.

His diet is exclusively farinaceous.

With regard to the acute variety of the disease, when occurring in a sthenic subject, Dr. S. remarked, that he had a few words to say. The ordinary plan of treatment in such cases, was depletion, either general or local; afterwards mild laxatives to clear out scybala, and then calomel, opium and acetate of lead. A plan proposed some years ago by a French physician, was depletion, not from the arm, but from the alimentary canal itself, by saline cathartics.

In his own practice he had prefered to use Rochelle salt. Of this, one ounce was to be dissolved in a pint of cold water, and a wine-glassful taken every hour until a bilious evacuation was produced. It was then to be stopped, and 10 grains of Dover's powder given. This in most cases, was followed by the cessation of the disease. It might seem to be bold practice to give a cathartic, supposed to be active, but when we remember the state of the alimentary canal, and what is the action of a saline cathartic in producing exosmose from the blood vessels, and the effect of a saline diluted upon the liver in promoting the secretion of bile, *it loses much of its apparent temerity.*

It had been used not only in the case of adults, but even in young children, the dose, of course, being regulated according to the age.

Of the fact there was no question, that the saline treatment had proven more successful in his hands than any other.

Jaundice.—This patient shows her colors. We have only to look upon her to recognize the disease. This affection has been described under various names; among which are *icterus*, as described by Dr. Watson, from the Greek name for a bird of golden plumage, the sight whereof by a jaundiced person, was death to the bird and recovery to the patient; *morbus regius*, so called from the luxurious treatment recommended for its alleviation; *morbus arquatus*, from its exhibiting the bright color of the rainbow; and *jaundice* from the French *jaune*,—yellow.

The coloration is not a disease *per se;* but a symptom of disease. It is a question still admitting of debate, as to the cause of this coloration. You are aware that the liver is the largest gland of the body, and that it is engaged in pouring out a fluid which is partly recrementitial and partly excrementitial. Of this the coloring matter is purely excrementitial, resulting from disintegration of the tissues; it is one of the products of retrograde metamorphosis and injurious if retained in the body. Many are disposed to adopt the idea that this coloring matter is one of the results of the disintegration of the red corpuscles of the blood. There seems to be some plausibility in this, as the spleen, in which this disintegration is supposed to be produced, has a direct vascular communication with the veins of the liver. One thing seems certain, that it is intended to be eliminated, for it is always present in healthy and natural fæces. In this case, it is returned in the blood and shows itself upon the skin and several visible portions of the mucous membranes. You may observe the stain upon the conjunctiva and the tongue.

Jaundice is productive of depressing symptoms, low spirits or melancholy accompany it. The presence of bile was supposed by the ancients to be productive of melancholy, as the term *melancholia* imports.

One of the points of interest in this affection is to be found in the question; What is the cause of jaundice? How does the coloring matter come to be visibly present in the tissues? Is it *retention* of the bile, as some maintain, or *re-absorption*, as others think? Those who ascribe it to the *re-absorption* of secreted bile, trace it to some mechanical obstruction to its escape into the alimentary canal, as a gall stone or inspissated mucous; or when no obstruction to the duct can be found, they ascribe it to a temporary spasm of the biliary duct.

The other doctrine is that of *retention.* It teaches that all the bile exists pre-formed in the blood; that in consequence of arrest of the secreting function of the liver, there is an accumulation of bile in the circulation. Opinions are divided as to which of these theories is true. There seems to be truth upon both sides. Some cases of jaundice are doubtless dependent on impaction of gall stones in the duct. In other, examined after death, no obstruction has been found. Jaundice may suddenly supervene upon some emotion of the mind, as anger, fear, or mental distress. In such cases it occurs too rapidly to be accounted for by the mechanical theory.

I believe that jaundice may be produced in either way: by mechanical obstruction to the exit of the bile, or by a sudden arrest of the secreting function of the liver. In this case, I attribute it to the former cause.

This patient came in on the 24th of January; she was taken sick with a cold and pain in the left side, on the 1st of November. She had occasional relapses of the cold, and in the latter part of December became suddenly jaundiced. This was preceded by pain in the stomach of so violent a character as to cause her to faint. She has had repeated attacks of this previously, and subsequently to the jaundice. She has had occasional vomiting; her stools are totally deficient in bile, and look like the evacuation of a dog. When I press over the surface of the liver, she complains of pain. There is slight inability to lie on the left side. The cause of the jaundice in this case, I am disposed to ascribe to the obstruction occasioned by a gall stone, which had found its way into the common choleduch duct. The bile has accumulated behind it in the ramuscles of the liver, and has so interfered with the action of the secreting cells as to prevent its further elimination.

There is another theory of the pathology of jaundice, which comes from high authority and is worthy of examination. It is that presented by Dr. Twining. He says, that just below the centre, a line drawn from the right nipple to the umbilicus there will almost invariably be found pain upon pressure. In many cases albuminous infiltration of the capsule of Glisson was found. In this capsule, at the termination of the ductus choledochus, two small bodies are situated, which he supposes to be glands, and which he frequently found to be enlarged, when examined in his dissections after the termination of jaundice. Dr. T. believes, that an enlargement of these glands will compress and obliterate the common biliary duct, and that the absorption of bile is thus occasioned in those cases, in which no other cause can be assigned.

Treatment.—In this case, we have endeavored to restore the secretion of bile, but thus far with no decided result. We have put her on the use of mercurials, which we have pushed as far as we dare. Her urine still continues to be loaded with bile, and the skin to be deeply suffused with it. I am disposed to try to eliminate it by the kidneys; to see if by the administration of alkaline diuretics, we cannot get them into increased action. She now takes every four hours; acetate of potash, 10 grains, and sweet spirits of nitre, 20 drops. I will also direct to be rubbed over the liver, 10 grains each of the compound iodine and mercurial ointments, and will wait to see whether the cause of the disorder will not disappear, without resorting to any active measures for its removal.

FEBRUARY 11TH.

Pathological Specimens; Abscess of Pharynx.—This, Dr. S. remarked, was a case interesting from the infrequency of its occurrence. Its history was as follows: The patient, a negro, was admitted last Saturday. He was taken sick the Thursday previously with "a bad cold." There was inability to swallow, hoarseness, difficulty of articulation, cough and expectoration of a viscid mucus, which became, subsequently, watery, and then muco-purulent. On Sunday he lay upon his back with his head elevated; respiration laborious, and accompanied with a peculiar vibrating sound; when he attempted to swallow, the fluid was returned by the nostrils. The pulse was frequent and feeble; the cough was harassing, and the expectoration profuse. The tongue was brown and dry, and the patient altogether in a very feeble condition.

Spirits of Mindererus and wine-whey were administered; cataplasms of flaxseed applied to his throat, and he inhaled the vapor of hop tea. His voice somewhat recovered its tone, and he became able to swallow, but his general condition became more and more prostrate. On auscultation the vibrating sound, before mentioned, was heard over both lungs, and Dr. S. was so convinced that there was something vibrating in the neighborhood of the larynx that he examined carefully to see whether the velum pendulum was in motion. This condition continued all day Monday with a gradual deterioration. On Tuesday moist rales were heard all over the chest, and also tracheal rales. The patient was supported by milk punch and carbonate of ammonia, and was sinapized over the chest; but continued to sink, and died quietly on Wednesday morning.

On inspection, post mortem, as might be seen in the specimen before the class, the larynx and trachea were in a high state of inflammation. The mucous membrane was intensely red, and the cellular tissue beneath was infiltrated with pus, which came from an abscess in the pharynx, on the right side of the thyroid cartilage. The bursting of this had suffocated the patient: he had literally been drowned in his own pus. From the lung, when squeezed, pus and mucus made their escape. The mechanical closure of the rima glottidis, by the pressure of this abscess, had doubtless produced the vibrating sounds which were observed. The lecturer then alluded to the subject of pharyngeal abscess, and remarked upon the danger and obscurity of the disease. Of fifty-eight cases of post-pharyngeal abscess, Dr. S. remarked, thirty-one had proved fatal, and in many the cause had been discovered only after death. It seemed to him that we ought to be able more readily to diagnosticate them—that if we carefully looked into the pharaynx, instead of confining our attention to the lungs alone, and by exploring the parts with

our finger we might be able to discover the abscess. Still, even if discovered and opened, there was risk of the patient's dying, as this one died—drowned in the pus of the abscess.

The Thermic Treatment in Sciatica.—This patient, Dr. S. remarked, was brought before the class for the purpose of showing a method of treatment which he had used in private practice with very satisfactary results. This man, after exposure to cold, seven months ago, was seized with intense pain in the back. The pains have continued in the right leg to this time, notwithstanding he has gone through all the course of anti-rheumatic treatment; the marks of moxas were still visible along the course of the sciatic nerve.

Dr. S. proposed to-day to apply the *thermic* treatment, which consisted in the application of a heated iron to the painful part. Attention was first called to this by Sir David Carlisle in 1826. The practice did not attract much attention, however, until it was renewed by Corrigan, of Dublin, and subsequently by Dr. Day in 1849. The latter had shown that not only temporary, but permanent benefits resulted from it. The mode of application, as exhibited by Dr. S., is as follows: a polished disc of iron about an inch in diameter is heated in a spirit lamp until it becomes so hot that it cannot be comfortably held in the fingers. It is then applied by light touches over the course of the affected nerve; not allowing it to remain long enough on the surface to vesicate, but simply to redden. In this case the patient expressed himself as entirely relieved from pain after the operation was performed. The results, according to Corrigan and Day, were very striking.[1] In some instances a single application had sufficed to cure a chronic affection; and in a case of chronic lumbago in his own practice, Dr. S. remarked, the patient, after a few applications, was made to get up and walk.

Case 2d.—The patient, a female, suffering under this same affection, was brought in upon a bed. She had had the disease constantly for five years, and had been in the hospital ten weeks. She was now suffering with general rheumatic pains. She had been subjected to the same treatment, and thought that the "burning" was the best treatment she had had. At the time of its first application she was in severe pain. The pain immediately left her, and she was able to walk. Subsequent trials had repeatedly relieved her suffering, and her condition had been improved.

Dropsy, Dependent on Cardiac Disease. — This patient was brought into the amphitheatre in a chair. He came into the hospital yesterday in a state of complete orthopnœa. He is about fifty years of age, a native of Ireland.

He was attacked early in January with a shortness of breath, without any pain. His lower extremities are now very œdematous, and about two weeks ago he began to observe swelling of the abdomen. He is now unable either to lie down or to walk. The point to be determined, Dr. S. observed, was, whether the cause of his condition was renal, cardiac or hepatic.

The urine was accordingly tested by heat and nitric acid, but no albumen was detected, but a slight cloudiness of urine, which disappeared on the application of heat, was seen. Upon physical exploration of the chest a sufficient cause for the dropsy could be detected, in a bellows murmur accompanying the first sound of the heart. This was caused by regurgitation of the blood through the left auriculo-ventricular valve. A partial stasis of blood in the lungs was produced in consequence, evidenced not only in the difficulty of breathing, and in the bluish color of the lips, which indicated imperfect æration of the blood, but also by mucous rales heard in both lungs. In consequence of this obstacle to the flow of venous blood, its watery constituents have soaked out both in the lungs and in the dependent portions of the body, the effusion finally showing itself in the abdomen. The pulse here was not commensurate with the vigor and intensity of the heart's action.

The *diagnosis* was dropsy from obstruction to the cardiac circulation.

The *treatment* would be directed to the attempt to cause the absorption of the effusion by diuretics and hydragogue cathartics, and to prevent its recurrence by rest, quiet, and tonics. He would order half an ounce of the bitartrate of potassa to be taken in divided doses throughout the day; and the following pill, three times a day:

℞. Hydrargyri chlorid. mit., gr. ¼,
Pulveris scillæ, gr. ½,
Pulveris digitalis, gr. j, M.

By this treatment he might expect to remove the discomfort of the patient; but at this time of life we could not expect to cure an organic disease of the heart. We could only hope to palliate it in some degree.

Lead Poisoning.—John Nevin, 35 years of age; a native of Ireland, a painter. The patient was pale and haggard. His physiognomic appearance was such as we might suppose to be produced by some deleterious agent in his system. He had an attack of lead colic, similar to the present, first in 1855. He is now obstinately constipated, and complains of pain most about the umbilicus, not relieved by pressure. The belly is hard and retracted. The peculiar nature of the disease could be recognized by the

[1] Day on Diseases of Old Age. Appendix.

bluish coloration of the edge of the gums. This color was due to the presence of the sulphuret of lead, produced by a chemical reaction between the sulpho-cyanides in the saliva, and the lead which had been introduced into the blood through the lungs, or stomach, or both. Dr. Theophilus Thompson has called attention to a red streak on the edge of the gums, as an early diagnostic sign in phthisis, and he attaches much importance to it, and suggests that it may also be dependent on changes in the quantity or quality of the blood in this disease, as the blue line is in lead poisoning.

Treatment.—The bowels should be moved with castor oil and laudanum, and chloroform and camphor given to relieve the pain. This was only palliative. We should endeavor to remove the lead from the system. M. Melsens has shown that iodide of potassium will eliminate it by the urine. We shall put the patient on this remedy in doses of 5 or 10 grains, and then test the urine to see whether the poison is eliminated by this excretion.

JEFFERSON MEDICAL COLLEGE,

JANUARY 14TH.

Notes from the Clinic of Prof. Pancoast.

Ulcerated Housemaid's Knee.—This female presented an inflamed and ulcerated bursa of the knee, which had undergone scrofulous degeneration.

The base, or stool of this chronic ulcer, as the encircling rim of unhealthy plastic matter was called by Sir Charles Bell, was hard and thickened. Two ordinary scrofulous ulcers of smaller size were seen on the inner side of the joint. Dr. P. remarked that an ulcer in this condition often refused to heal, when it would readily do so if the hard circular rim were divided. In many cases of ulcers of a specific kind, he often destroyed the rounded form of the base by incisions into it, and sometimes by the removal of a V shaped piece, with very good effect. In this case he divided the edges through to the outer healthy structure, in three different positions, not deeply, lest he should involve the involucrum of the knee joint. A corn meal and yeast poultice was ordered to be applied, renewed every six hours, and the following tonic and alterative pill directed to be taken, twenty minutes after each meal.

℞	Potassii Bromide.,	gr. iij.	
	Ext. ignatiæ amar.,		
	Piperin,	āā gr. ⅔.	
	Ferri carb.,	gr. i.	M.

After twenty four hours poulticing, the following ointment was directed to be used:

℞	Hydrarg. oxyd. rubr.,	℥j.	
	Cerat. plumbi. subacet.,	℥ss.	
	Vini opii.,	f℥ j.	M.

Lotions of lead water and laudanum were also prescribed, to be applied over the ointment with patent lint covered with oiled silk, retained by a few turns of a bandage.

Malposition of the Testis, with Hydrocele between the muscles of the Abdomen.—Operation and removal of the testicle, by the ecrasecur, for malignant disease.

In this patient, a gentleman from Virginia, the right testicle had never descended into the scrotum; and a large, elastic, painful tumor existed in the right inguinal region, extending in the direction of the crural arch seven or eight inches in length, and five inches in breadth. The patient had suffered from protracted constipation, great pain at the seat of the tumor, and occasionally with severe and long continued attacks of hiccough, and had applied to Dr. Pancoast for relief. The diagnosis here was difficult. A tumor in this critical portion of the body, Dr. P. remarked, suggested many things as its cause, an abscess of the various kinds that might occur in this region, or hernia, with its many complications, such as dropsical accumulation in the hernial sac, or a new descent of the intestine and its peritoneal cowl into an old sac, as he had again and again seen, or a large accumulation of fat about the testicle or cord, which was not inaptly called by the old writers an adipose hernia. A case of which he had successfully relieved by an operation before the class a few years since. In one case which had somewhat recently come under the care of Dr. Norris and himself, a tumor of small size, was formed in the same place by an intestinal hernia, which has forced its way through the cellular tissue which connects the epididymis to the testicle; the testicle not having descended was found situated above the upper orifice of the inguinal canal, and the strangulated bowel was lodged in a space between the peritoneum and transversalis fascia. But here, especially in connection with an undescended testicle of the same side, he was inclined to the belief that the tumor was connected with some disease of this organ, either hydrocele of the tunica vaginalis, or malignant disease of the testis, possibly both together. Dr. P. remarked that he scarcely knew why it was so, but this seemed a very unsafe position for the testicle to be placed in. He had seen two or three cases in which malignant disease had been developed in a testis which occupied this position, perhaps caused by the unusual pressure to which the organ was subjected. A drawing which he exhibited to the class, represented a case of this nature. Both the testicles had only partially descended in that instance, and lay upon the front surface of the aponeurosis of the external oblique muscle; the left one which was greatly enlarged and painful he removed before the class in this place, in October, 1857. It proved to be carcino-

matous; the patient recovered rapidly from the operation, and in April, 1858, when he left for his residence in Illinois, seemed perfectly well. But he had reason to believe, that the cancerous disease, which it is too apt to do in these cases, had again manifested itself, and this time in the lumbar absorbent glands.

After some remarks upon the descent of the testis in fœtal life, the patient was etherized, and Dr. P. proceeded to operate, observing that, if the tumor should prove to be an old hernial sac, the same treatment would be proper, as for a hydrocele of the tunica vaginalis of the testicle, which had never descended through the inguinal canal. If he should find an accumulation of fluid he should allow it to escape, but would not inject the sac with iodine. It was safer to open the part freely and know precisely the condition of the interior. If he should find a cancerous degeneration of the testicle, he would extirpate the gland by that far famed instrument, the ècraseur of Chassaignac.

The external incision was made by what is called the through and through cut; a fold of skin being pinched up over the middle of the tumor, and the bistoury passed through at its base, the incision was then enlarged to the extent of about 5 inches.

The superficial fascia was divided on a grooved director, and a ligature placed on the arteria ad cutem abdominis; the incision was made in the same manner through the aponeurosis of the external oblique muscle. The tumor lay between this and the internal oblique. Its adhesions were separated completely around, except at the base, by the finger, and the elastic sac was punctured by the grooved director; precisely the same straw colored fluid followed the tapping, as in ordinary hydrocele, and to the amount of 16 or 20 ounces, thus giving direct proof of the fact that the tunica vaginalis testis is not formed in the walls of the scrotum, but descends from the great peritoneal sac with the testicle, and also that a hydrocele may exist between the muscular walls of the abdomen.

The sac was then divided completely and an enormous soft, vascular and spongy testicle exposed, thus realizing the worst fears of Dr. P. It was raised from its bed and its base carefully examined, in order that no part of the intestine might be included in the ligature which was passed around it, previous to the application of the ècraseur. This gentle elevation of the testicle opened the internal abdominal ring, to which it was slightly adherent and served as a plug. A portion of the omentum which protruded was pushed back, and the finger of an assistant prevented its further escape. A small hydatid was observed, and the remains of the guber naculum, at the lower portion of the testis. The spermatic cord was here so short, so near the cavity of the abdomen that nothing could so safely accomplish its division as the ècraseur; and to avoid the possibility of hemorrhage, he should proceed with the division very slowly and cautiously. The time required for the removal of tumors by this instrument was directly in proportion to their vascularity.

Usually in the division of the spermatic cord he passed a ligature through it by means of a common darning needle, so as not to cut, but rather pass between the veins, above the point where the ècraseur was to be applied, thus guarding against the retraction of the cord into the abdomen, and the risk of concealed hemorrhage, which with this instrument is very slight.

The time in this instance from the application of the instrument to the complete separation of the testis, was 30 minutes; not one drop of blood followed, and the surface of the stump was converted into a sort of coriaceous mass, hard, white and tough.

The danger of life to the patient, Dr. P. remarked, must necessarily be immediate and great, from the severity of the operation, in which he had to divide a spermatic cord of unusual size, and with a very short root, and a further, and perhaps, still greater risk was in the deposit of the encephaloid matter in the glands at the side of the lumbar vertebræ, in which position, if the disease should be developed, the patient would be placed beyond the reach of surgical skill. The wound was closed by stitches which included the divided edges of the external oblique muscle. A greased compress was laid over the part, and a roller bandage applied to prevent any hernial protrusion.

EDITORIAL DEPARTMENT.

Periscope.

Hypnotism.—[Translated by O. D. PALMER, M. D., Zelienople, Pa.]—

Hoc Gallicæ consurtudinis—
Rumoribus aque auditionibus permoti,
Summis sæpe rebus consilia ineunt.
Cæsar's Com. Lib. 4,

An enthusiasm amounting almost to ecstacy, has been recently produced in the scientific world of Paris, by the supposed discovery of a new method of effecting anesthesia. This novel method, which bears the appellation of *hypnotism*, is made to consist in a species of extemporaneous strabismus, caused by conveying the axis of the eyes, to a point a few inches from the root of the nose. In this operation, certain muscles, the *recti superioris*, and the *levatores palpebrarum*, are in a state of forced

contraction, and the continuance of this action, during a period varying from three, to fifteen minutes, superinduces a state of the sensorium, identical with catalepsy, or at least analogous to it, called a hypnotic state. The extracts which follow, translated from recent copies of the *Gazette Hebdomadiare*, will give some intimations of the discovery, introduction, reception, and success, of this marvellous agent, now monopolizing the attention of that metropolis of science and civilization, Paris

A young provincial surgeon, Dr. Azam, adjunct professor in a school at Bordeaux, brought to Paris this singular method, the fruit of prolonged studies, and numerous experiments, patiently instituted, during a long period. Eighteen months since, he had occasion to attend a young hysterical patient, in spontaneous catalepsy. He observed in her exceedingly curious facts, which it does not come within our province to relate here. A professor in the Academy of Sciences, Dr. Bazin, being instructed by his experiments, advised Dr. Azam to examine an English work, published in 1842, by M. Braid, and in which is found indicated a means of producing artificial catalepsy, and anesthesia. Dr. Azam, having procured the work, of which there is given an analysis by Carpenter, in the Cyclopedia of Todd & Bowman, (article *Sleep*) he instituted upon this young cataleptic, and nearly thirty others, numerous experiments. He ascertained the greater part of Baird's assertions to be substantially correct, among others, that catalepsy and anesthesia, could be procured at will, by proceeding in the following manner.

The subject is sitting or lying in a convenient position, the operator puts before his eyes, at some three inches distance, and generally within the point of distinct vision, a bright body, on which the eyes are to be directed, and fixed continuously; the body should be so placed, that the eyes are directed upward, and inward, by the firm contraction of the proper muscles, causing convergent strabismus. Hardly has this fatiguing attitude been persevered in for two or three minutes, till we see the pupils contract, and then dilate, the palpebra oscillate rapidly, and then fall down, and immediately the subject is asleep. Two symptoms attend this state, catalepsy precisely as described in the class books, and anesthesia, enduring from three to fifteen minutes, complete, or incomplete, but which generally permits pinching, pricking, and tickling, without the least trace of sensibility, or without modifying in the least the cataleptic state. This state of anesthesia is usually succeeded by the opposite state, of hyperæsthesia, in which we see the ordinary senses, the sensation of temperature and of muscular activity, attains a degree of more than usual impressibility; at any moment of the experiment, the symptoms can be made to suddenly cease, by frictions and sufflations of cold air on the eye lids, in a similar manner to what has been seen in the researches of Dr. Paul on catalepsy. The subjects returned to their normal state, preserve no remembrance of what has passed, during the preceeding moments.

The gentlemen engaged with this subject specially, Drs. Azam, Broca, Fallen, and Velpeau, merit at least an examination, and they should not be assailed under what pretext soever, with incredulity, or even obstinate doubt. It has been a long time a reproach to the learned, their proud disdain for the extraordinary. We are in an epoch, in which all that is announced under a serious mien, and proceeds scientifically, merits examination; we live in a time, in short, when it would be unreasonable to turn away the eyes, merely because what is shown us, is simply improbable and marvellous. Furthermore, the better way, and indeed the only, to judge anything, consists in at first looking it full in the face, and this is what has been done by the grave men we have cited; this is what we have undertaken to do ourself. We will merely add, that Dr. Azam has arrived in Paris, fully persuaded that surgery was in possession of a new anesthetic. The readers may judge from the following, of the value of this impression.

We hasten to lay before our readers a case by an ancient colleague, a distinguished provincial surgeon, Dr. Grurineau, adjunct professor in the secondary school at Poictiers.

In the case that follows, we have not to do with an impressible woman, hysterical, and predisposed, by a nervous fantastic system, to extatic manifestations, more or less poetic and marvellous. The subject was a peasant, a little nervous, lymphatic, exhausted, and anything but a stoic.

Case. George Jarry, aged thirty-four years, from the village of Mortimer, had been treated for several months in a hospital, for a white swelling of the left knee. So painful was this knee, that the least motion caused the patient to cry out. He had given his consent, that the leg should be amputated at the thigh.

I operated in the presence of several distinguished surgeons. One of them held a

spatula, within about three inches of the root of the nose of the patient, whilst lying in a horizontal position. Strabismus convergent upward, was promptly produced.

Five minutes had elapsed, since his eyes had been fixed upon the spatula; I raised the left arm up, and let it go; immediately it fell. Then there was no catalepsy. The patient said we would not be able to put him asleep, by this process. I immediately recommended the greatest silence in the apartment, where numerous parties had begun conversations; I spoke no further to the patient, who eyed the spatula with perseverance. After five minutes of the most profound silence, I performed amputation of the inferior part of the thigh, by the double flap operation. During this operation, which lasted a minute and a half, the patient did not make the least plaint or motion; I now spoke to him, and enquired how he was. He said in answer, he thought himself *in paradise*, and seizing my hand carried it to his lips. During the operation, his eyes were affected by a twitching movement. They had the appearance of searching for the spatula. A student, pinching his thigh a couple of minutes before the operation, asked if it gave pain, "O, I feel it a little," said he. After the operation, Jarry said "he knew the time the leg was cut off, for at that period, they asked him if he had any pain." Now it was two minutes after this interrogation, that the operation commenced, and during all the time of this, his visage offered not the least spasm or contraction. All this time the eyes of Jarry seemed to search for the spatula.

It was quite evident to the assistants, that the patient did not experience pain, as he did not make the least plaint, whilst previously he cried out on the least motion of the affected limb.

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When Dr. Azam reads the above, he will, without doubt, experience a lively satisfaction; he will find in it encouragement to pursue it, without too much pre-occupation with certain malevolent checks. We wish, moreover, he may induce anesthesia of his auditory nerves, until the uproar of skeptics shall be appeased. As for our own part, without abdication of any doubts, or any philosophic prudence, we continue to observe and to reflect.

AR. VERNEIUL.

—

The following case appears to have occurred in Paris.

Case. Woman aged twenty-four years—extensive burn of back and right limbs—abscess of the verge of anus, voluminous, and very painful—weakened by pain, and otherwise pusillanimous, greatly fears incision—was told she would be put asleep—a copper cylinder, (Brick's lunette) placed three inches before root of nose—patient to see this object, was obliged to squint strongly; pupils immediately much contracted, pulse rapid previous to experiment, first a little accelerated, then becoming feeble, slow; two minutes are passed, pupils dilate, left arm raised vertically from the bed; remains immovable in that position; toward fourth minute, answers are slow, laborious, but perfectly sensible; respiration slightly affected. At the end of five minutes M. Follen pricks the skin of the left arm, in vertical position; no movement; pricks again, giving rise to a drop of blood; passed equally unperceived, right arm placed in attitude same as left arm; laid bare seat of abscess; patient permits all, quietly saying she fears to incur some injury from us. In short, seven minutes after the *debut*, Dr. Follen made a large opening into the abscess, which gave issue to a large quantity of fœtid pus. A light cry, lasting less than a second, was the only sign given by patient of feeling; otherwise not the least twinge in the muscles of the face, or limbs; arms have constantly maintained the attitude first given them.

Two minutes more, the position ever the same; eyes ever wide open; a little injected; the visage impassible, the pulse as before the experiment; the respiration perfectly free, the subject always insensible. We raised the right foot, it remained suspended in the air; the cataleptic state of superior limbs present.

Dr. Broka removed the bright body, which had constantly been kept before the eyes; he used friction over the eye-lids, and a stream of cold air. The patient made some little motion. She was asked if anything had happened to her. She answered she knew of nothing. The three limbs remain still in the attitude given them. Pricking again upon the left arm is not perceived. Eighteen minutes after the commencement of the experiment; twelve minutes after the operation, friction again, sufflation again on palpebra; sudden awaking; the members in catalepsy fall all at once. The patient rubs her eyes, and resumes her consciousness. She remembers nothing, and is astonished at having been operated upon. Her state is comparable, as far as a certain point, to that of an individual who has come out of an ordinary anesthetic sleep. Always

the waking is more sudden; without agitation, and without loquacity. The anesthesia, interrupted by the provoked waking, has lasted at least fifteen minutes.

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We understand that Azam has succeeded in anesthizing a young girl, under the eyes of Prof. Trousseau, very promptly, and all leads to the belief that these experiments will be multiplied.

We ought merely to anticipate, that some subjects, show themselves altogether refractory to *hypnotism*.

We wish in conclusion, to forewarn our brethren, against too sudden an enthusiasm, as well as against an ultra skepticism. We should study the question coolly, calmly, and patiently. The promoters of this discovery, as well as those who seek to propagate it, do not wish to deceive, or to be deceived.—*Ed. Gaz. Heb.*

Reviews and Book Notices.

Proceedings and Debates of the Third National Quarantine Sanitary Convention, held in the City of New York, April 27th, 28th, 29th and 30th, 1859.[1]

If we look for a science which promises in its diversified applications, the largest amount of good to mankind, we shall find it in Hygiene. This truth is beginning to be known, and the wonder is that it should have been so long unobserved, and in a great measure obscured, scarcely more by ignorance than by false learning. Much time and ingenuity have been wasted in speculations on the causes, much on the precise anatomical and vital characters of disease; but comparatively little has been given to a study of their prevention. The precepts and examples on a large scale, furnished by the ancients have, in a great measure, been lost sight of for a long series of ages, and when the medical classics began once more to be studied, the parts relating to hygiene were those which commanded the least attention. The "Aphorisms," "Prognostics" and "Epidemics" of Hippocrates received much more frequent and extended commentaries in the schools than his admirable treatise on "Air, Waters and Places;" and the hygienic precepts applicable to all times, of Celsus on civic life, and the regimen for a weak stomach are far from being the chapters of his eight books on medicine, which have most attracted the notice and commendation of his readers. The bodily training in the gymnasia, and the pulestræ as a part of physical education, and as schools for soldiers among the Greeks and Romans, found few imitators, until of late years, among the moderns. Were we to call hygiene preventive medicine, we should probably secure for it a larger share of public interest, and a more careful study of it on the part of the profession. Too generally it seems to be regarded as a curiosity in literature, of which physicians may remain ignorant, without imputation cast on their want of proper curiosity and of a knowledge, not only becoming their situation, but essentially necessary for the discharge of their appropriate duties.

Within the last thirty years or so, physicians have been startled from their lethargy by the terrible invader and destroyer, cholera, which might merit the title given to Attila, the Goth; and terrified and stricken communities, seeing how little could be done to stay the violence of its attacks, have asked their advisers, both in and out of the profession, how these could be prevented, and as, in the case of the barbarians, who in successive swarms assailed the Roman empire, how bought off—hygiene once more raised her drooping head; once more was invoked to furnish the means of purifying the air, charged with mephilic and poisonous exhalations, of neutralizing and destroying these, and of washing away by copious streams of water, the accumulated filth of cities and towns. The common words, ventilation, cleanliness, sewerage and sewage have come up before the public with a larger and more significant meaning than was ever thought of before. Homely as such themes seemed to be at first sight, they were found to represent interests of great magnitude, and to exert an important bearing, not only on health and longevity—and this alone ought to suffice to secure universal attention,—but also on commerce, arts and morals. In the western hemisphere an additional fillup to rouse the slumbering is every now and then given by yellow fever, which frightens people out of all the proprieties of life at the time, but seems to leave them in a state of singular forgetfulness after the danger has passed away.

Thoughts like these came across our mind on looking at the volume before us, and whose title head this notice. It embodies much valuable information on the most prominent topics

[1] Reported by Charles Cullen and William Anderson, Phonographic Roporters New York Board of Councilmen, Sept. 19th, 1859, Document No. 9. New York: Edmund Jones & Co., Printers to Board of Councilmen, No. 26 John street, 1859. pp. 728. 8vo.

which would naturally come up before the Convention, and evinces an earnestness of purpose, and a grasp of comprehension of existing wants, and of the means of rectification, which can hardly fail to impart present confidence, and stimulate to farther efforts. The original plan of the association, the credit of which belongs to Dr. Wilson Jewell, was suggested by the great defects in the then existing system—we ought rather to say, practices—of quarantine, and looked to a correction of its many abuses. It was soon seen, however, that the subject of quarantine could not be discussed with any approach to fulness, without entering on the entire domain of hygiene, of which it constituted but a part; and hence the addition of "sanitary" to that of "quarantine," to indicate the future objects of the convention. The first or preliminary meeting was held in Philadelphia, the second in Baltimore, and the third in New York. The proceedings of the last, including the reports of committees, make up the contents of the present, which is also the first regular volume. We are unable in the limited space to which we are necessarily restricted, to furnish more than a brief notice of its very valuable contents. Our regret at this restriction is the greater from the circumstance that although a large number of copies, (2,500) have been printed, none of them are as yet placed on the bookseller's counter for sale.

The volume opens with a brief history of the rise and progress of the Quarantine Sanitary Convention, in the form of a letter written by Dr. Jewell, to which succeeds a journal of the proceedings of this body during its four days' session. We then read under the title of appendix, A, B, C, D and E, reports of the Committees on Quarantine, on the internal hygiene of cities, on sewarage, water supply and offal, on the importance and economy of sanitary measures to cities, and finally a draft of a sanitary code for cities. The whole concludes with an account of the proceedings at the banquet, given with the characteristic hospitality of New York. The discussions in the Convention ran chiefly on quarantine regulations, and grew out of the Report on the subject. This interesting and instructive document emanated from a committee, consisting of Drs. Jewell, Moriarty, Cleveland, Wragg, LaRoche, D. F. Condie and Wm. M. Kemp. The first, fifth and sixth of these named gentlemen, are as we all know, from Philadelphia, the second is from Boston, the third from Brooklyn, the fourth from Charleston, S. C., and the last from Baltimore. We see it stated that of the several subjects referred to this committee, Dr. Jewell wrote the history of quarantine, and the answer to the question, "Have quarantines secured the objects for which they were originally intended? If not, the reasons of this failure?" Dr. Condie answered the question, "what reforms are required to make quarantines more efficient and less burdensome?" Dr. Wragg examined the question, "is a uniform system of quarantine laws feasible? If so, to prepare a plan by which the object may be accomplished." Dr. LaRoche, without assuming a special part, grve his critical eye and historical knowledge to a supervision of the topics, which devolved on his Philadelphia associates. The fifth specification of the resolution, designating the subjects referred to the committee, was given by Dr. P. Warner Cleveland, of Brooklyn. It was "a consideration of the best means for purifying an infected vessel," but it has not yet been answered by Dr. C.

The history of quarantine, as we find it in this report, will be attractive both to the general and professional reader. The necessity of measures of protection against the spread of diseases, vaguely termed pestilential, and believed to be contagious, was first felt by the Italian cities, which were largely engaged in trade with the Levant, Eygpt, and other parts of Northern Africa. The initiative was taken by Venice, which, as early as 1348 had health officers, and in 1418 instituted a quarantine code. This had been preceded by the establishment of a lazaretto or pest house, for the seclusion of individuals attacked with the plague. The first Board of Health was created by the same republic in 1485. Reference is made in commendatory terms to Dr. G. R. B. Horner's accounts of the systems of quarantine, in force a few years ago, in different parts in the Mediterranean, and especially in those of Spain [1] The first attempts at protection from the plague in England were made by the people of Gloucester, who, in 1348 cut off intercourse with Bristol, then the chief commercial city of the island. This, like nearly all similar attempts made in other countries, was unsuccessful. The first national efforts, in the form of a royal enactment, with the aid of the Privy Council, were made in the reign of James I.

[1] Medical and Topographical Observations upon the Mediterranean, &c. In Bell's Select Medical Library.

in 1603. Notwithstanding the most rigid and cruel restraints on the intercourse between the sick and well in 1665, the plague spread over a great part of England. We cannot follow the committee in their narrative of the introduction and enforcement of quarrantine in the different countries on the continent of Europe, but pass on to a notice of "the first instance on record in this State, [Pennsylvania], if not in all America, of the detention of a vessel on account of sickness, that has any resemblance to the enforcement of quarantine laws," which "was in April 1728, when the sickly vessel arrived in the river from Bristol, England." One of these vessels, the Dorothy, which had cases of malignant fever on board, was prohibited from coming nearer than one mile to any of the towns or ports of this province, and its master or owners were enjoined not to land any goods, sailors, or passengers at Philadelphia without license, under the penalty in the said act mentioned. The sheriff was directed to serve a notice of this order on the master or owners, and also "to provide some convenient place at a distance for the reception of those persons still sick on board, that proper care may be taken for their recovery." Nine days after these timely proceedings, we quote from the Colonial Records, Vol. III., say the committee, the said ship was "allowed to enter and put on shore the goods and passengers on board; due care being had, that before said vessel came up to Philadelphia, all the bedding be put ashore at a convenient distance from the city, there to be aired, the vessels to be smoked with tobacco and washed with vinegar; the bales of woollen goods on board to remain some time exposed to the air on deck before landing; and further, that said ship lay out in the stream of the river, and not come near any wharf till she is sufficiently cleaned." Better directions for purification and protection could hardly be given at the present day than those issued more than a century ago. We may claim to possess more active and searching disinfectants, but, after all, our great reliance must be on air and water. "In 1743 the Colonial Assembly passed an act providing for a lazaretto, or hospital for sick passengers arriving in the province, and 'to prevent the spreading of infectious distempers, a tract of land was purchased called Fisher's Island, afterwards Province Island, at the junction of the Delaware and Schuylkill rivers for this purpose." Successive sanitary acts relating to quarantine were passed from 1700 to 1774 by the provincial legislature, and subsequent enactments and modifications by the State government down to 1818. The law, as modified in this year, is that which with but few unimportant amendments is the one now in existence. New lazaretto buildings were erected at Tinicum in 1800, which continues to be the present station.

In Massachusetts, legislation on the subject of quarantine, dates back to the beginning of the last century. The quarantine establishment at Boston is on Deer Island, in charge of the Mayor and Aldermen, who constitute a Board of Health. It was not until 1758, that the colonial legislature of New York enacted a law, entitled "an act to prevent the bringing in and spreading of infectious distempers in the colony." It contains the germ of the present quarantine system of that State, including even the appointment of a Health Officer. The first lazaretto was established in 1799 at Staten Island, and the requisite buildings were erected there. The new and existing system was framed, and first carried into effect by enactment, in 1857. Both the medical and general public have read in the newspapers of the efforts—and these not of the most peaceful kind—made by some of the people of Richmond County in which Staten Island is included, for the removal of the lazaretto and its warehouses.

A health office and quarantine were established in New Orleans by legislative enactment in 1818. This was repealed the next year, 1819, and another act was passed in 1821 to be repealed in 1825, 'through popular clamor and indignation;' the yellow fever having prevailed every year, and for two years in an epidemic form. From that time until 1855 New Orleans was without quarantine laws or regulations; but in the year just mentioned a new law was enacted, by which the quarantine was placed under the direction of the Board of Health, and its provisions were to be carried out at a station about seventy miles below the city.

For cause, already assigned, we are unable to put our readers in possession of a continuous thread of narrative, and the subsequent reflections of the committee, which show the general inefficiency and want of success of quarantine, and at the same time the trammels which it has needlessly imposed on commerce, and international and social intercourse, with, also, attendant circumstances of great injustice and cruelty. The fallacy of making the state of the health of a place from which a vessel may sail, without regard to the condition

in which she may be, and the generation of causes of pestilential diseases going on in her hold and timbers, is pointed out. "The question of detention and purification, in each case, should be determined from the actual condition of the vessel and her company, ascertained by a full, careful, deliberate and systematic examination, executed by well instructed experts, at such place and under such regulations as shall preclude the possibility of her communicating disease, should she prove to be foul or infected." The turning point of the whole subject is set forth by the committee in their recommending a sound and well digested code of naval hygiene, and of the necessary measures for insuring its strict enforcement, to be adopted by all commercial nations. Much would be done to prevent the occurrence of disease, before or after the arrival of a vessel, either among its own company, or, through it, among the people of the port at which its cargo, crew and passengers are landed, "were proper officers appointed at every port, with power to examine into the condition of all vessels sailing thence, in respect to construction, dryness and ventilation, the health and number of the crew, the condition and accommodation of passengers, the sufficiency and quality of the food and water, and the general cleanliness of the vessel itself, and of the persons, clothing and bedding of her entire company; and to allow no vessel to sail that, in all these matters, falls below the proper hygienic standard."

Dr. Wragg, in a well written paper, being his contribution to the report of the committee, discusses the question as to the feasibility of a uniform system of quarantine laws, and, admitting the ability to reach such a result, to propose a plan accordingly. After criticising the quarantine laws of the United States, and pointing out their inefficiency, the writer proceeds to consider some of the difficulties in the way of enforcing them as they now exist. One of the first is referable to the separate and independent State sovereignties. Even in the case of a particular city, he shows "that no restrictive laws upon vessels, cargoes, crews or passengers can be so framed as to control any one of these after they are in port." A satisfactory system of quarantine laws must, we are told, "include two indispensable requisites; first, they must effect an absolute exclusion of all infected articles, whether they be animate or inanimate; second, they must be in force equally and uniformly throughout the United States." The means for attaining these ends are pointed out and argued with much ingenuity by Dr. Wragg. He terminates his summing up by recommending that "in order to have the law laid before the public with all the prestige of high authority, it would be desirable to obtain the co-operation of the American Medical Association."

The discussions elicited by the report of the Committee on Quarantine, in the Convention, were animated, and prolific of fact and argument. They were terminated by the adoption of the following resolution of Dr. Stevens, as amended by Dr. A. N. Bell.

"That, in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by one person to another, it is the opinion of this Convention that the personal quarantine of cases of yellow fever may be safely abolished, provided that *fomites* of every kind be rigidly restricted."

The votes on this resolution were seventy in the affirmative to four in the negative; and, on the following day, several delegates, who were absent on the first occasion, entered their votes, making the full returns to stand eighty-five in favor and six adverse to the resolution. Of the former, seventy-one were medical men; and of the latter, two, (Drs. Francis and Nichols.) We forbear from offering any strictures on the qualification of the belief in non contagion contained in the term *fomites*. A decided step has been gained, and, if the advance party still consent to take up their quarters, for present convenience and as a concession to popular prejudice and credulity, at an old house, with an equivocal name, they will not be long in pursuing their onward course, and in due time in razing it to the ground. The attention of the authorities, under suitable legislative enactments, will then be directed, fixedly, to the sanitary condition of the vessels, and of the crew and passengers, arriving in our ports, without laying special stress on season or place of departure. No restraint can be imposed on the free movements of the crew and passengers, unless they be suffering, at the time, from admitted contagious fevers—such as those of the acute eruptive class; nor will it be necessary for a vessel to bring with her a clean bill of health if she contains within herself no obvious causes of disease.

The richer half of the volume before us—that on the internal hygiene of cities, and which includes the reports of committees on different subjects coming under this general head—will soon be brought before the notice

of our readers. Its importance requires something more from us than a merely bald announcement of its contents, which is all that we could now give in columns already full.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 25, 1860.

MORTALITY OF SACRAMENTO CITY, CAL., FOR 1859.

We have been quite interested in the necrological report for the above city, for 1859, by Thos. M. Logan, M. D.

The total mortality was 307. The population of the city the Dr. estimates at 20,000. If this calculation is correct, the deaths are 1 to every 65 of the population, or as 15 to every thousand living, and presents a highly favorable condition of the health of Sacramento.

Pulmonary consumption, according to these statistics is quite fatal, swelling the mortality in 1859, over one-fifth of all the deaths. They numbered 63, or 20.52 per cent.

Dr. Logan is not willing to attribute the prevalence of this disease in California altogether to the immigration of consumptive invalids from the eastern states, as has been heretofore assigned for its ravages. But as we understand him, he takes a more rational view of the cause, and suggests that it is the "result of long continued agencies, springing from extraordinary mental excitement, gross irregularities of life and overtasking of the physical energies, which, by deranging the healthy equilibrium, or insidiously depressing the vital standard, become in systems already pre-disposed to strumous affections the exciting causes, in connection with the peculiar climate of California, which the doctor believes is unfavorable for consumptives. He alludes particularly to the sudden vicissitudes of the atmosphere during the summer nights.

Cholera Infantum, supplies but one death in the year, while convulsions furnish only six. A similar limited proportion when compared with the infant mortality in our Atlantic cities, prevails as to the mortality from other diseases to which children are subject. The number of deaths in children under ten years, was 110, or 35 per cent. of the total mortality from all ages. This calculation does not include the still-born, which amounted to 22.

Diphtheria and croup, which are recorded together under one head, gave 14 deaths. This connexion is made, in order to arrive at a more correct data for the deaths from diphtheria, as Dr. Logan thinks, that many of these cases have been designated in the certificates of deaths by other names, and because the deaths from croup and all of a diphtheritic character, hence he says, "by taking a medium course and assuming that only one-half of all those deaths, which should have been credited to diphtheria, have been registered to other names." He arrives at the true state of its mortality.

While we agree with Dr. Logan, that the confusion of terms which now exists in regard to this formidable disease, (and we would say as much in regard to the loose and confused manner of certifying to deaths, from many other diseases,) is unfortunately, for the exact science of vital statistics. We must dissent from him in his views of croup, that, unless the inflammation becomes so violent as to form a false membrane, it is not croup, but a "simple form of catarrhal affection," and that the "hoarse or croup like sounds, are only harmless symptoms of another disorder." Nor do we believe that because "children are subject to it, (croup,)" hence "it is of an inocuous character." But we cannot follow him up in all his peculiar notions of croup, and would in a word, caution the younger branches of the profession from falling into the error, that when called in the night, to a child laboring under the paroxyism of croup, it "will soon pass off if left to its own course," for the doctor teaches, that any "special treatment is questionable," unless this paroxyism runs into "the membranous disease which it never does."

Croup, according to Dr. Wood, one of our best standard authorities, is "a disease in which inflammation, or high vascular irritation of the laryngeal, or laryngo tracheal mucous membrane, is combined with spasm of the in-

terior muscle of the larynx, giving rise to peculiar modifications of voice, cough and respiration," and while the same able writer admits a catarrhal and pseudo-membranous croup, he says impressively, "no rule in medicine is more certain, than that every case of croup, whatever may be its apparent character, should be treated promptly and efficiently." This is the invariable experience of every sound practitioner of medicine, and should never be lost sight of, under any circumstances.

MORTALITY OF PITTSBURGH FOR 1858.

We have received from Dr. A. C. Murdoch, City Physician of Pittsburgh, the annual statement of deaths in that city during 1858. They amount to 859. Of these, 432 were males, 385 females, and 42 were still-born of both sexes.

The deaths among children under one year, not including still-born, amounted to 192—23·50 per cent. of the total mortality. Those under five years, were 400, or 48·95 per cent. This will compare favorably with many cities, but a higher percentage than for Philadelphia during the same year.

If the population of Pittsburgh was 80,000, in 1858, then the death pressure was only one in every 93 of the living! A proportion, far beyond that of even a rural district, and speaks in strong terms for the health of the Iron city.

The deaths from consumption amounted to 119—equal to 13·34 per cent. of the total of deaths for the year, exclusive of still-born, a proportion less than in most other cities in the Northern or Middle States.

Cholera infantum furnished 61, or 15·25 per cent. of all the deaths under five years. This estimate is 1·25 per cent. higher than that of Philadelphia for the same year.

Scarlet fever prevailed to a considerable extent during the year, and was quite fatal, as nearly one-eighth of the mortality is charged to this epidemic.

We observe that the columns for males and females, do not, as in the tables of mortality in most of our cities, furnish the grand totals, but only those of the sexes for 20 years and upwards. This is calculated to mislead without an explanation.

We are very favorably impressed, however, with the tabular accuracy of this report, and with the fair standard of public health therein indicated for the city of Pittsburgh.

We should be happy to receive the statement for 1859.

BRAITHWAITE AND RANKING.

The species of medical pedriodical literature represented by Braithwaite's *Retrospect* and Ranking's *Abstract*, is very popular in this country. We have received the re-publications of these works for the last half of the year 1859, the former from W. A. Townsend & Co., of New York; and the latter from Lindsay & Blakiston, of this city. They are always filled with interesting matter to the physician.

We would take this opportunity to refer to the work of the same class, but on a much more extended scale, published in New York by Drs. Elmer & Elsberg. We mean the *North American Medical Reporter*. A new volume will begin in April. The work is published quarterly, and is intended to be a complete index of cotemporaneous medical literature, both European and American. The editors are men of ability, and are capable of making an excellent work for the profession. We bespeak for them a liberal support.

SCOTT COUNTY MEDICAL SOCIETY v. DR. IGNATIUS LANGER.

It will be remembered that we some time since gave publicity to the fact that Dr. Langer had been expelled from the Scott County, Iowa, Medical Society, with the reasons therefor. It seems that the Doctor, very naturally disliking to rest under the imputation of such charges as were alleged against him, published an article in the *New York Medical Press*, in which he endeavors to put his case in a different light from that contained in the charges. His article is principally made up of quotations from various authorities, in support of the fact that the position of the fœtus in utero may be changed by external manipulations. This is

not denied by the Society, but it charges Dr. L. with having professed to do this in an objectionable manner, and from unworthy motives. The field is certainly a wide one for the exercise of quackish propensities, and we are not disposed to doubt that the Society had sufficient ground for action in the premises. As the paper we publish from the committee of the Society reviews Dr. Langer's article very thoroughly, our readers can learn therefrom the position that he takes, and how he endeavors to fortify himself in it.

The subject of external manipulations to correct malpositions of the fœtus, is of little practical interest, as it is very seldom that these really occur, and it certainly is no part of the business of an accoucheur to be handling pregnant women, to see whether he can discover such a state of things. One thing is certain, the man who would take such a liberty will be pretty apt to find plenty of malpositions to rectify. Of course there may be exceptional cases in which it may become the duty of an accoucheur, at a proper time, to endeavor to discover, and, if possible, to rectify a malposition of the fœtus; but these would be so few that there could be little inducement for an honest and well-meaning man to make a public boast of his ability to perform so delicate an operation. We should look for the extreme of modesty in the man who was capable of doing this, and who could be trusted under such circumstances.

THE AMERICAN MEDICAL ASSOCIATION

Will hold its thirteenth annual meeting, at New Haven, on the *first Tuesday of June*, 1860.

The Secretaries of local societies, colleges, and hospitals, are requested to forward to the undersigned, the names of delegates, as soon as they are appointed.

STEPHEEN G. HUBBARD, M. D.,
Secretary.

New Haven, Ct.

An autopsy of the body of Dr. Renwick, who died recently while under the influence of chloroform at Alloa, Scotland, revealed cardiac disease.

News and Miscellany.

A new Sanitary Question.—The subject of preventing the passenger railroad companies of this city strewing salt along their tracks is now before the City Councils.

The ordinance to regulate passenger railways requires the companies to remove snow or ice from their tracks within five days, when the impediment from it is so great as to prevent public travel in the cars, or, in their stead, to use sleighs for the conveyance of passengers. This removal it has been ascertained can be more rapidly effected, and cheaply accomplished by the simple distribution of salt along the tracks than by mechanical means.

This influence of salt was well illustrated by the impediments produced by the snow of last Saturday. During the following day, Sunday, on which the cars did not run, some of the companies freely distributed salt on their tracks. The result was that on Monday those tracks on which the salt had been distributed could be used with but slight inconvenience, whilst on those on which the salt had not been spread the cars could, with double the usual number of horses, be dragged only with extreme difficulty.

About thirty thousand bushels of salt have in this manner been scattered during the present winter.

The rapidity and efficiency of this use of salt cannot be doubted, but it has been violently opposed with many real and imaginary objections. Some of these are unworthy of attention and are evidently from that class who oppose everything new as a disastrous innovation. Beyond the evil influence of frequently wetting the boots and shoes of pedestrians with a solution of salt, no very great objection to the practice is apparent. The deliquescent property of salt keeps the leather when saturated with it perpetually moist, thus chilling the feet, and many individuals, it is said, who have not habitually suffered from cold feet, now suffer much inconvenience from the perpetual and chilling moisture of their foot gear.

We are not prepared to deside as to whether the rapid cleansing of the track by the use of salt, so as to facilitate travel, and thus avoid much exposure and wet feet which would be incurred by the delay of removing the snow by carting it from the streets, will counterbalance the ill effects alluded to. But the whole difficulty would, we think, be removed if the railroad companies could be compelled to keep the crossings for foot passengers entirely clear of

snow, ice and dissolved salt. The abundant use of salt on the tracks might then be continued without its coming in contact with calf skin or crinoline and without detriment to the health or comfort of any.

Florence Nightingale and her "Notes on Nursing." The *Medical Times and Gazette* makes the following remarks in regard to this eminent lady and her recently published book:

Nursing the sick has been with her a labor of love; the whole tenor of her writings tends to ennoble that vocation, and to redeem it from the hands of the ignorant, the stupid, and the thoughtless. With noble and most devoted energy she has always endeavored to elevate the calling of the nurse, by bringing thought, intelligence, and study to bear upon her work, and by calling forth the finer feelings of the mind in the exercise of the most humane of all vocations. It is now more than fourteen years since Florence Nightingale began to give her undivided attention to this field of thought and action. Twice has she been in training as a nurse at the Institution of Protestant Deaconesses at Kaiserwerth, on the Rhine. She has studied with the "Sœurs de Charité" in the Hospitals of Paris. She has visited the Hospitals of Berlin, and those of many other towns in Germany. She has visited those of Lyons, Rome, Alexandria, Constantinople, Brussels, and likewise the Hospitals in the chief towns of our own country; but the most extensive sphere of her usefulness, and one where her experience was most matured, was in our Military Hospitals at Scutari and the Crimea, during the Russian war. Thither she was sent by Mr. Sidney Herbert, then and now Secretary at War, who has the honor and merit of having been the first to appreciate, and to put in a position of public usefulness, the singular abilities of Florence Nightingale. What she succeeded in doing at Scutari and elsewhere for our sick and wounded soldiers is now a matter of history. What she has since done in bringing about sanitary improvements in our army has still to be recorded. She has never been at rest since her arrival in this country. With such precedents and with such extensive experience, acquired among scenes of most varied suffering, can any one doubt that a written record of her thoughts and ideas regarding the subject of nursing the sick can be other than of the greatest possible public interest? She has undoubtedly ennobled the calling of the nurse, she has made her vocation a labor of love, and has sacrificed her health in the acquisition of her extensive experience. She has brought to bear upon the subject all the energies of an active and highly cultivated intellect, rendered still more energetic by intense enthusiasm in the work. The asperities of business not unfrequently encountered in the rough walks of life through which she has passed, have been at once smoothed down or have altogether disappeared through the influence of that remarkable tact with which she is so largely gifted, directed by a mind the most amiable, gentle, and refined. We think, therefore, we are justified in the belief we have expressed, that no other living person than Miss Nightingale could write a book on nursing such as we have now before us. Every line of it from the preface to the end rivets the attention, every paragraph is suggestive, every page carries the reader into a world of thought.

A Hint to Stethoscopists.—"When the anatomical lesion becomes manifest, it is almost always too late for therapeutics to effect a cure. Disease must be combated in diathesis, in its tendency and in its state of power as a dynamic agent, when pervading the economy in its innervation and circulation; this is the form, and the degree, and the period under which it must be met; it is too late when the stethoscope and the plessimeter become of service as diagnostic agents."—*Gazette Medicale.*

A naval medical board will meet at the Naval Asylum, Philadelphia, on the first day of March, for the examination of assistant surgeons for promotion, and of candidates for admission into the navy. The board will consist of Surgeons James M. Greene, W. S. W. Ruschenberger, and J. M. Foltz. It would be well for those who desire to appear before the board to make immediate application to the Secretary of the Navy. The examination of assistant surgeons for promotion will precede that of candidates for admission, and will probably occupy two or three weeks.

Three young natives of Madagascar have been sent to study medicine in Paris, by the Prince Bakotyn, a very enlightened man, who is the eldest son of the present Queen Ranovolo.

Dr. J. H. Smaltz has been elected one of the Consulting Obstetricians of the Northern Dispensary of Philadelphia.

Habitual Drunkenness.—It has been legally decided by Judge Balcolm, of Tompkins county, N. Y., on an indictment of selling liquor to a person "guilty of habitual drunkenness,"—that a man who gets drunk once a month for a year or more is to be deemed guilty of habitual drunkenness.

Twin Children born in different Years.—The following announcement is from a Scottish paper:—"At Silverhillocks, Gamrie, the wife of Charles Wilson, of twin daughters, one born on the 31st December, 1859, and the other on January 1st, 1860."

Lancaster City and County Medical Society.—At the last annual meeting, the following were elected officers for 1860:

President, Dr. A. Sheller, Mount Joy; Vice-Presidents, Drs. A. Eshleman and John R. Raub; Recording Secretary, Dr. I. Levergood; Corresponding Secretary, Dr. Henry Carpenter; Treasurer, Dr. I. Aug. Ehler; Censor, Dr. Jno. Ream.

Drs. Samuel Parker, J. L. Atlee, sen., B. Rohrer, John Ream, P. Cassidy, John B. Raub, and I. Aug. Ehler, were elected delegates to the American Medical Association.

Dr. Henry H. Smith has been elected one of the Consulting Surgeons of the Northern Dispensary of Philadelphia.

Exsection of the Hip-joint.—Dr. P. C. Price, of London, the author of a valuable record of cases of exsection of the knee-joint, requests in the *Medical Times and Gazette*, correct statistics and details of the operation of the complete or partial removal of the hip-joint.

A Practical Application of Hypnotism.—It has been long known that chickens are susceptible of this influence, and it has, we are aware, often been practised for amusement. It is performed by running a chalk line down the beak of a cock, and continuing the line along a board on which the cock is stood, so that his vision will be directed to the white line by keeping the point of the beak against it for a short time. It is suggested that the anæsthetic state thus produced may be taken advantage of in the operation of making capons.

One of the cells of the yeast plant, when at its full growth, measures about 325-100,000th of an inch in diameter.

To Correspondents.

Dr. B.—The Library of the Pennsylvania Hospital is open to those who have the privilege of using it, on Wednesday's and Saturday's, immediately after the clinic.

D. D. S.—We think that a practicing dentist would, although a graduate in medicine, be ineligible to membership in any of the Medical Societies of this city. The Medical Societies are certainly intended for *practioners* of medicine on y. The constitution of the College of Physicians is very clear on the subject; that of the Philadelphia County Medical Society is not so well defined, seeming, as it reads, merely to require medical graduation.

T. R., Ky.—There is no surgical subject on which there is such a diversity of appreciation at this time, as the operation for the radical cure of hernia by invagination. The reports of the results by the different methods of closing the inguinal canal, are very contradictory. The operation is growing in favor among surgeons in this country, particularly in the South and West; while in Europe it is falling into discredit on account, it is said, of the very frequent gradual return of the infirmity after some time. The operation seems, judging from the reports, to be not attended with danger. The different instruments for the operation, including Wutzer's, may be had of the principal instrument makers in this city. See their addresses in the advertising columns.

COMMUNICATIONS RECEIVED.—*Connecticut*, Dr. S. G. Hubbard—*Illinois*, Dr. Charles White—*Indiana*, Dr. B. S. Woodward, (with encl.,) Dr. L. D. Hagebrook—*Iowa*, Dr. E. J. Fountain—*Louisiana*, Dr. J. F. Newton, (with encl.)—*Massachusetts*, Dr. Levi Pillsbury—*New Jersey*, Dr. J. T. Calhoun, Dr. Geo. F. Fort, Dr. W. A. Newell—*New York*, Dr. John H. Griscom, E. Quern—*North Carolina*, Dr. James G. Armstrong, (with encl.), Dr. W. H. Howerton—*Pennsylvania*, Dr. J. Breitenbach, Dr. M. H. Clark, (with encl.), Dr. J. Levergood, Dr. Wm. S. Harah—*Rhode Island*, Dr. H. Allen, (with encl.)

Office Payments.—Dr. T. D. Durham, Dr. H. Halberstadt, W. S. Hilles, (adv.,) Northern Dispensary, (Phila.,) S. L. Thurlow.

MARRIAGES.

BROWNE—BARR—On the 16th instant, at Baltimore, by Rev. Thomas Sewell, Dr. P. F. Browne, of Accomac C. H., Va., and Mrs. Mary Linn Barr, only daughter of the late Senator, Dr. Lewis F. Linn, of Missouri.

COCKERILLE—DUFOUR—In Washington City, on the 14th instant, by the Rev. C. M. Butler, Dr. Sam'l J. Cockerille, and Miss Hevila Ruter Dufour, only daughter of Oliver Dufour, Esq., of Indiana.

DEATHS.

SWING—On Wednesday morning, January 4th, of paralysis, Charles Swing, M. D., of Sharpstown, New Jersey.

Dr. Swing was a graduate of the University of Pennsylvania, and had been engaged in the practice of medicine in Salem county for *forty-five years*. He was a member of the State Medical Society, and of the Board of Censors of his District; was an excellent physician, a good citizen, and an amiable man. He was, also, some years ago, a member of the Legislature of New Jersey, and was highly esteemed in the community. F.

TODD—Robert Bentley Todd, the eminent physician and physiologist, died suddenly on Monday evening, the 30th ultimo, at his residence in Grosvenor Square, London. The deceased was born and educated in Ireland, and was admitted a Fellow of the Royal College of Surgeons in Dublin, in 1824.

He was well known to the profession as one of the most prominent physiologists of the age, and the author of several works of high character. He was a member of the Council of the Royal College of Physicians, and enjoyed for many years a very extensive practice.

ALEXANDER—Mr. Alexander, Director General of the Medical Department of the Army, died of gout, in London, on the 1st inst. He had seen twenty-five years active military service, and his name was always very prominent in the official despatches from the Crimea, where he served with intelligence, energy, and self-sacrificing devotion to the wounded at the Alma, Inkerman, and other battles.

THOMPSON—Mr. Hale Thompson, Consulting Surgeon to Westminster Hospital, London, and author of Lectures on Spinal Diseases and Deformities, died in the same week with the two prominent persons whose names are noticed above. He died, it was believed, from an over-dose of chlorodyne, which he had been in the habit of taking, acting on a diseased heart.

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embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

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SUMMER INSTRUCTION
FOR STUDENTS OF MEDICINE.

THE EIGHTH ANNUAL COURSE OF LECTURES OF THE *Philapelphia Association for Medical Instruction*, will commence on the *first Monday in April*, 1860, and will continue, with the usual midsummer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.

The following is the schedule of the course:

Medical Chemistry, by Robert Bridges, M. D.
Obstetrics and Diseases of Women, by William V. Keating, M. D.
Anatomy, by Ellerslie Wallace, M. D.
Institutes of Medicine, by S. Weir Mitchell, M. D.
Institutes and Practice of Surgery, by Addinell Hewson, M. D.
Principles and Practice of Medicine, by J. Da Costa, M. D.
Materia Medica and Therapeutics, by James Darrach, M. D.
Surgical Anatomy and Operative Surgery, by John H. Brinton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt.

Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

For further information relative to the course, apply to

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As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

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The Lectures will be delivered twice weekly, at convenient hours, at his room, N. W. corner Ninth and Chestnut streets, and will be fully illustrated by

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Fee for the Course.....$10

For Tickets, or further information, apply to
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N. E. corner of 10th and Vine streets.

Dr. WOODWARD is also prepared to receive a few pupils for practical instruction in the APPLICATION OF THE MICROSCOPE TO MEDICAL PURPOSES. For particulars inquire as above. 175

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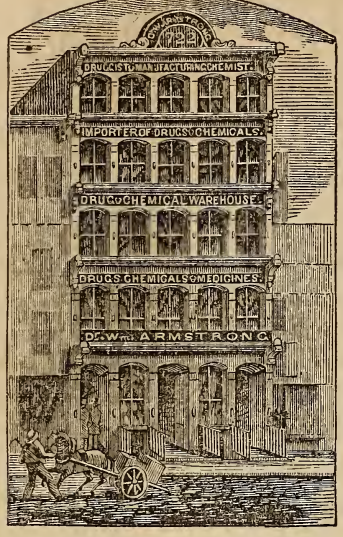

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Barosmin	Res. Neut	1 to 3	2 00
Caulophylin	Rd. Neut	2 to 5	75
Cerasein	Rd. Neut. Amyg. Phl. Pic.	2 to 10	1 00
Chelonin	Rd. Neut	2 to 5	1 25
Chimaphilin	Res. Rd. Neut	2 to 5	1 00
Collinsonin	Res. Neut	2 to 5	2 00
Colocynthin	Rd	½ to 2	2 00
Cornin	Rd. Neut	2 to 5	1 00
Corydalin	Res. Rd. Alk. Neut	1 to 3	3 00
Cypripedin	Rd. Neut	2 to 4	1 00
Digitalin	Rd. Alk. two Neut	⅛ to ½	1 50
Dioscorein	Res. Neut. M. R	2 to 5	1 50
Enonymin	Rd. Alk. Neut	1 to 4	2 00
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Eupatorin (perfo.)	Rd. Neut. Alk	1 to 4	75
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Fraserin	Res. Neut. and M. R	2 to 10	1 00
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Gossypiin	Rd Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
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Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
Macrotin	Rd. Alk. Neut	½ to 2	60
Menispermin	Rd. Alk. Neut	1 to 5	1 00
Myricin	Rd. and Tannin	2 to 5	60
Phytolacin	Rd. Neut	½ to 3	1 00
Podophyllin	Rd. Alk. Neut	½ to 3	60
Populin	Rd. Neut	2 to 5	50
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Professor MUTTER, in his late edition of Professor Liston's Lectures on Surgery, &c., remarks that "the Isinglass Plaster, referred to by Mr. Liston, is exceedingly well made by Mr. Husband, of this city; and for some time past I have almost abandoned the use of the old adhesive plaster of the shops, which often, in persons of a delicate skin, or children, produces troublesome irritation."

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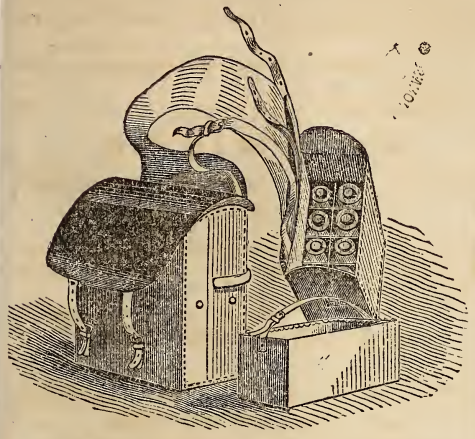

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"	"	1	Mortar, " "			$19 00
No. 2,	containing	21	1 oz. Ground Stop. Bottles,			
"	"	14	½ oz. " "			
"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$15 50
No. 3,	containing	18	1 oz. Ground Stop. Bottles,			
"	"	10	½ oz. " "	and		
"	"	4	Pots, " "			$12 00
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"	"	2	Pots, " "			$8 50
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"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$20 00
No. 2,	containing	7	1 1½ oz. Ground Stop. Bottles,			
"	"	14	1 oz. " "			
"	"	14	½ oz. " "			
"	"	4	Pots, " "	and		
"	"	1	Mortar, " "			$16 50
No. 3,	containing	14	1 oz. Ground Stop. Bottles,			
"	"	14	1½ oz. " "	and		
"	4	4	Pots, " "			$13 00

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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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PHILADELPHIA, *June* 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yerger & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind *I have ever seen* in Europe or America.

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The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

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FINE MEDICAL SADDLE BAGS.

The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

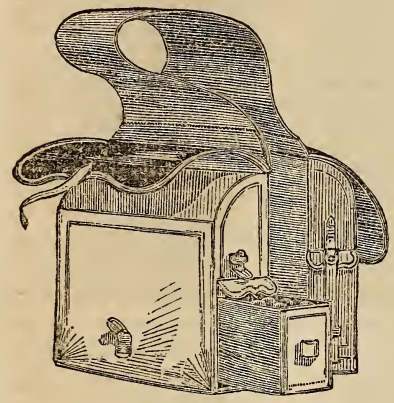

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	20	"	9.50
"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

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ORIGINAL DEPARTMENT.

Communications.

Case of Hæmaturia.

By E. T. Blackwell, M. D.
of Stephensburg, N. J.

Mrs. ——, a robust, healthy looking lady, apparently about thirty-six years of age, during the last three or four years has complained of irritation at the neck of the bladder; and for the year immediately past, has had a continued pain in the region of the kidneys, whilst the urine has presented a brick-dust sediment. For the irritation, she has long taken bicarbonate of soda, morphia, and spirit of nitric ether, with decided advantage. During the last year I have seen little of her; and, infer that the remedies have been neglected. Latterly, however, I prescribed uva ursi, bicarbonate of soda and morphia;—the old remedy not giving its accustomed relief. She also wore upon the back the plaster of ammoniac with mercury. Her ailment did not drive her from her domestic avocations until the evening of February 1st, when I was hastily summoned. I found her in a severe rigor, apparently in extremities of pain, her bladder making expulsive efforts, in the last degree violent and continued. Beside her a utensil contained quite half a pint of coagulated, florid blood. Prescribing very full doses of gallic acid and sulphate of morphia, with fomentations of cold vinegar to the pubic region, I awaited results. The symptoms were as before—violent, continued and painful. The bearing down efforts resembled the expulsive throes of severe labor. Upon application to the region of the bladder, that organ was found to be enormously distended. The accumulation within it having been reduced by the catheter, the pain and straining immediately ceased, and the anodynes previously administered, speedily brought "Tired nature's sweet restorer." But the hæmorrhage did not cease. During the remainder of the night, and the day following, it was necessary, repeatedly to empty the bladder artificially. Finding the remedies entirely fail, on the morning of Feb 3d, I ordered the bladder to be injected with weak solution of alum, at first tepid, afterward entirely cold. The effect was happy and rapid. The discharge ceased at once, and did not return; and convalescence was speedily established. I am the more interested to communicate the failure of gallic acid in this case, from the fact that I have used it with prompt and complete success, in one case of hæmatemesis from cancer of the pylorus, and in some cases of pulmonary hæmoptysis.

Belladonna in Suppressing the Lacteal Secretion.

By Jos. C. Martindale, M. D.,
Of Montgomery Co., Pa.

A few weeks since you published an article from Dr. Wilson, of Clearfield, Pa., reporting favorably of "belladonna in suppressing the lacteal secretion." In confirmation of that case I report the following: Mrs. A., aged about 30 years, the mother of three children, the youngest of whom is nine months old, has been much troubled with mammary abscesses since the birth of the last child. After going through the disagreeable process of poulticing, lancing, etc., two different times, the gland again became painful, when I saw her and found the right breast much swollen and in-

flamed, with a hard lump the size of a hen's egg, which was very painful upon the slightest pressure. She had considerable fever with a full, strong pulse of 100 per minute. Three comp. cath. pills were ordered, and the following solution:

℞. Ext. belladonnæ, ʒj.
Aq. fluvialis, f. ʒj. M.

S. To be applied by means of a camels-hair pencil every five hours.

The breast was supported by strips of adhesive plaster. No other application than the above was made, and in eight days the swelling and pain were all gone, and the secretion entirely suppressed. The other breast still affords sufficient nourishment for the child.

Tinct. of camphor, tinct. of opium, &c., had failed in the above case. I think the remedy well worth a trial. I have since applied the remedy in two cases with the same results as above.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

Discussion on SCARLATINA.

DR. GEBHARD made the following remarks:

Previous to the middle of the 16th century, scarlatina was more or less confounded with measles, since which time it has been considered as an entirely distinct disease. Scarlatina has been divided by writers into three distinct varieties, but I think, facts clearly prove that they are produced by the same contagion, and are nothing more than the same disease in different degrees of violence, as they occur in different individuals in the same family at the same time, probably the age of the patient, the state of the system, the strength of the constitution and the increased pre-disposition to the disease from some peculiarity of such constitution, together with a more concentrated contagious influence to which the patient my be exposed, may all have a tendency to increase the violence of the attack.

It has frequently fallen to my lot, to observe such a diversity in the degrees of violence in cases I have been called upon to attend in families, where a number of children have been affected at the same time, some in the mildest possible form, while others were attacked with the most violent form of anginose disease, all being apparently exposed to the same contagious influence.

Scarlatina, it is well known by those conversant with the disease, is generally attended with a very frequent pulse ranging from 120 to 150 beats per minute, much more frequent than is usually met with in any other disease; also with an unusually hot and dry skin, inflamed fauces and other symptoms indicating an extreme action of the whole sanguiferous system. My attention has been directed to this fact for several years past, feeling that if by any means, the *vis-a-tergo* could be arrested in the early part of the disease, the danger attendant upon its symptoms would be very materially lessened, and the sequelæ consequent upon the disease might be entirely prevented. This extreme action, if left uncontrolled by remedies, will necessarily, without much delay, concentrate itself upon some organ or part of the body which is rendered most susceptible by the nature of the disease to be acted upon; the throat and the brain particularly, are most susceptible of such concentrations. In order to subdue such a state of system, I have for many years, when the system would admit of it, employed early antiphlogistic remedies. I will briefly allude to the treatment of two or three cases.

In 1852, on the 24th of December, I was called to visit a little girl nine years of age, who was attacked on the day previous with a chill, succeeded by a high fever. The pulse being full, frequent and tense, I ordered a brisk mercurial cathartic; on the 25th, the eruption appeared, the fever still high and the patient delirious, I ordered four ounces of blood to be drawn; on the 26th, the fever had much abated without delirium, refrigerants were also employed at the same time. I attributed the absence of sore throat, in this instance, to the early use of blood letting, as it is very unusual for such a violent attack to terminate without the supervention of an ulcerated sore throat.

On the 26th of December, 1852, I was called to see a case very similar to the one just mentioned, about nine years of age, commencing with chill, vomiting, high fever, delirium and an active pulse, I ordered six ounces of blood from the arm; the fever and derilium soon subsided; during the following night the bandage slipped off the arm, and from the description given to me, at least six ounces more must have been lost. The next morning I found his skin cool, pulse less frequent and mind perfectly calm and composed; no sore throat followed. In the preceding March, I had a similar case, treated similarly with similar results, no anginose symptoms occurring.

In conversation with my friend, Dr. Joseph Parrish, several years previous to his death, he mentioned some cases of scarlatina which had come under his notice, in which from the commencement, the patient was as it were in *articulo mortis*, or so seriously affected as to be incapable of relief from any remedies. I have witnessed several cases of a similar kind, one particularly about 15 years

ago, which I distinctly recollect, in which the child died in 12 hours from the attack, being comatose from the very commencement, accompanied with involuntary discharges from the bowels as soon as taken. If now called upon in such a case, I think, I should bleed instantly, in confirmation of this opinion, I will state a case. On the 5th of March, 1852, I was sent for in the case of a child, aged 6 years, of B. L., a merchant in this city. The attack was ushered in by a chill and vomiting, succeeded by fever and delirium, the eruption appeared simultaneously with the attack, he was bled six ounces and a mercurial cathartic administered; after the bleeding, the skin became cooler, pulse less frequent, and the delirium subsided, and the throat but slightly affected. After this the disease entirely disappeared and the system was left in a state of convalescence, requiring no more medical aid. The patient having a craving appetite, was, contrary to directions allowed to indulge freely in all kinds of undigestible food, from which he became indispsosed, and I was sent for. I found him feverish and ordered a purgative, during the operation of which he became perfectly comatose, from which it was impossible to arouse him, his pulse being full, but not frequent, I ordered him bled; the blood to be taken while in an erect position, that he might be relieved by taking the smallest quantity of blood possible. To effect the desired object, I allowed the blood to run until he was aroused from his lethargy, watching intently at the same time if his pulse would bear it, 14 ounces of blood was taken before he became conscious. Soon after convulsions came on, and I opened the vein and took six ounces more, after which the convulsions subsided, and no untoward symptoms intervened to prevent a rapid recovery. Notwithstanding the large quantity of blood that was taken in so short a time, from so young a child, the debility that supervened was no greater than what we meet with in ordinary cases, where no blood whatever is taken. I have related this case, to show how large a quantity of blood may be taken with safety in a case of coma, although it may not occur early in the disease. The above cases show the advantage arising from blood letting, in scarlatina, by lessening the extreme action in the system. Still in many cases such treatment is inadmissible, as the state of the system will not allow of its employment with safety, except in particular cases. I have, therefore, of late years, resorted to a remedy which is applicable to all cases, whether mild or aggravated in their character, and such as is calculated to arrest the vis-a-tergo, by reducing the arterial action to a healthy standard, without the loss of blood, or the use of any depleting remedy, in exemplification of which, I will relate several cases. On the 30th of November, 1855, I was sent for to visit a child, four years of age. I found her with a high fever, hot and dry skin, a very frequent pulse and tongue thickly coated; ordered a mercurial cathartic; on the 2d day an eruption appeared on the skin of a scarlet hue, followed next day by inflamed fauces and swelled tonsils, such as we meet with in scarlatina anginosu; the pulse was now 130 per minute. I prescribed ℈i of leaves of the best Digitalis, to which was added 20 tea-spoonsful of boiling water, and when cold one tea-spoonful to be given every hour, to be continued as long as the skin remains hot and dry. In 24 hours the pulse was considerably reduced in frequency. Ordered ℈i more of the Digitalis, to be continued in the same manner. After having taken 30 grains, the pulse was reduced to its natural standard, the inflammation and swelling of the tonsils subsided without any external or internal application being made to the parts affected, and the patient became convalescent on the 5th day, and required no further medical attendance in the case.

On the 7th of December, 1855, I was called to see a girl, of 6 years of age, with scarlatina anginosa—pulse very frequent, skin hot and dry, accompanied with inflamed and enlarged tonsils. I ordered 40 grs. of digitalis in 40 teaspoonsful of hot water, and when cool, to take 1 teaspoonful every hour, to be continued until the entire abatement of all the symptoms; after taking the 40 grs. of the infusion, the pulse was reduced to its natural standard, and the inflammation of the fauces and enlargement of the tonsils so much relieved, as to require no applications whatever to the parts affected, and on the fifth day the patient became convalescent.

A little girl of Mrs. R., aged 10 years, was taken on the 21st of February, 1856, with all the usual symptoms of scarlet fever—pulse 130 per minute, skin hot and dry, throat inflamed, and tonsils enlarged and ulcerated, the eruption appeared on the second day of the disease. Ordered 40 grs. of infusion of digitalis, prepared as in the other cases, 1 teaspoonful of the infusion was given every hour; at the expiration of 40 hours, all the symptoms were relieved, the pulse and skin became natural; no application having been made, either to the throat externally, or to the ulcerated tonsils—the digitalis being the only remedy used in the case. Convalescent in 7 days.

May 26, 1856. A son of H. W., aged 7 years, *scarlatina Anginosa*, with all the symptoms usually attendant upon the disease, including enlarged tonsils. Gave, in the usual way, 30 grs. of digitalis in infusion, without any other remedy. Convalescent in 6 days.

On the 24th of October, 1856, was called to prescribe for a boy, 6 years of age, with scarlatina an-

ginosa—pulse at least, 130, skin dry and hot, with the usual eruptions. The tonsils were so much enlarged, and the ulceration and accumulation of pus and mucous so great as to threaten suffocation. The affection became entirely relieved under the sole use of the digitalis (without any application to the throat) after 40 grs. had been taken. On the 1st of November, a girl, 8 years old, became similarly affected, with the exception that the affection of the throat was not quite so severe, she was entirely relieved and cured by the use of 30 grains of the digitalis.

Nov. 5, 1856. A daughter of G. L , aged 7 years, scarlatina anginosa, with its usual symptoms. Gave 30 grs. of digitalis without any other remedy, and recovered in 7 days.

Dec. 9, 1856. A brother of the above, aged 18 months, recovered after the use of 20 grs. of digitalis in infusion as above.

W., son of W. W., aged 12 years, had a violent attack of scarlatina anginosa, attended with high fever, delirium, and ulcerated tonsils. Gave 75 grs. of the digitalis in 48 hours, which reduced the pulse to its natural standard, without causing any intermissions in its beat or pulsations, such was the case, with very few exceptions, in all the cases in which the digitalis was administered. Convalesence immediately succeeded.

Nov. 30, 1856. A son of J. S. B., aged 9 years: scarlatina anginosa attended with high fever, inflamed and enlarged tonsils, and furious delirium. Leeches were applied to the temple and ice to the head, and gave 60 grs. of digitalis in 36 hours; recovered without any applications to the throat. On the 5th of December, 1856, a sister, 7 years of age, had an equally violent attack accompanied with delirium. Bleeding from the arm, succeeded by leeching the temples and ice to the head was resorted to in this case in consequence of the exceedingly high state of system existing at the time, in conjunction with which digitalis was also given: patient recovered.

F., son of J. E., Feb. 1, 1857, aged 5 years, was violently seized with scarlatina anginosa, the fever high, and the dilerium furious. Bleeding was resorted to to relieve the brain from impending danger, followed by leeches to the temples, and ice to the head. In conjunction with the above, 45 grs. of digitalis was given in as many hours, and the patient recovered.

G. McA.'s son, aged 2 years, was taken on the 12th of February, 1857, with scarlatina anginosa, 40 grs. of digitalis was given, and the patient recovered. Feb. 25, 1857, A. R. D.'s daughter, aged 7 years, was taken with scarlatina, pulse very frequent, and fever high. Gave 20 grs. of digitalis, and the recovery rapid. A son of A. L., was taken with scarlatina anginosa, April 1856, tonsils ulcerated. Took 30 grs. of digitalis, without any application to the throat, and recovered. In June, 1856, a grandson of A. L. had an attack of scarlatina, took 20 grs. of digitalis and recovered. Feb. 9, 1856, a child of E. Z. S. was taken with scarlatina anginosa, took 20 grs. and recovered. A son of W. P. W., aged 5 years, was seized with scarlatina anginosa, with ulcerated tonsils and delirium, gave 50 grs. of digitalis, and cured without any application to the throat. All the cases as above related, with the exception of the first four or five took the digitalis in a powdered form, in combination with an equal quantity of powdered extract of liquorice, and the boiling water poured on the powder instead of the leaves, as at first given, so that in the latter cases, when violent, I frequently ordered the infusion to be stirred up before giving it, by which the patent might take the article in substance in order to make a more rapid and decided impression upon the disease. I would also here mention that the combination of the digitalis with the liquorice frequently acted moderately upon the bowels, as a mild cathartic, which was not generally objectionable. I am confident that the purgative effect is altogether attributable to the liquorice, as I have frequently found the same effect produced when nitrate of potash is combined with liquorice, and given in small and divided doses. I will now only add one more case to those already given. On the 5th of October, 1858, I was sent for, to visit a case in which I found a pulse of 130 per minute, a very hot and dry skin, and tonsils ulcerated. The attack was ushered in by a chill, attended with vomiting, headache, severe muscular pains in the limbs, and violent delirium. Patient was an only daughter, 12 years of age. I commenced giving the digitalis instanter, in doses of 1 gr. every hour, in infusion prepared from the powdered article, and had it stirred up before giving it, so that she took it in substance. She took 60 grs. in 60 consecutive hours, followed by 15 grs. in clear infusion, by which means the pulse was reduced to 60 strokes per minute in less than three days from the first visit, and the patient entirely relieved in four days from the attack, every local symptom disappearing, without any application whatever being made to the throat.

One of the greatest advantages of this remedy is that it is applicable to all kinds of cases. I prescribe it as often in mild, as in more violent cases, provided the state of the system is excited, as indicated by the pulse. In such I employ it in order to prevent the sequelæ of the disease, for I contend that the sooner the action is reduced to a normal state, the more certain we are to prevent the serious consequences emanating from the disease. We meet sometimes with cases very deceptive in their charac-

ter, where, in the incipient stage of the disease, the symptoms indicate no danger, but as it progresses the danger increases by the development of new symptoms, and a fatal termination is the consequence. In exemplification of such a termination, I will state a case. On the 7th of Sep., 1856, I was called to visit a daughter of T. M., aged about four years; she had a very mild attack of scarlatina, apparently requiring little, if any, medical treatment. There was a slight fever, with an increased frequency of the pulse, indicating, however, no danger or even a tendency to it. I therefore, merely gave a simple cathartic, and a mild refrigerant to succeed it. In the course of two or three days, the heat of the skin, and the frequency of the pulse gradually increased, and with it a gradual inflammation, enlargement and ulceration of the tonsils. I then commenced the use of digitalis, but too late to make any impression upon the system, as the affection of the throat, and the difficulty of deglutition accompanying it, precluded the possibility of administering a sufficient quantity to be of any service—the case terminating fatally on the ninth day of the disease, being the only fatal termination that I experienced since I first commenced the use of digitalis; since that, as soon as any symptom indicated that the disease was scarlatina, or even a supposition to that effect, I commenced the use of digitalis with a favorable result in every instance, as the cases related have fully confirmed. In every instance I continued its use until the action of the pulse was reduced to a normal state, and even below that state of frequency, and even, in some instances, producing a decided intermission in its action, notwithstanding which, I have in no instance had to regret these effects, as the result in every case has not only been favorable, but higly satisfactory, always terminating in perfect health.

The effects of this remedy in arresting and cutting short the violence of this disease, as related in the above cases, appears undoubted; we thereby nip it in its bud and prevent the direful effects of the symptoms as experienced in this malady, if uncontroled by efficient remedies—getting rid not only of the danger, but also of the trouble and annoyance in combatting with symptoms, the effect of which need not exist if properly treated in the commencement of the disease.

——o——

It has been found that in very small capillary tubes—say of the 1-200th of an inch in diameter—may be cooled as low as 5 degrees before freezing. Under the same circumstances water may be heated considerably above 212 degrees before boiling.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.]

WEDNESDAY EVENING, JANUARY 11.

DR. COATES, President in the chair.

Subject for Discussion—THE USE AND ABUSE OF BLOODLETTING.

DR. D. FRANCIS CONDIE made the following remarks:

Of all the means employed by physicians as remedial agents, to few, if any, has there been assigned a more important rank than to bloodletting, whether considered in reference to the very serious character of the class of diseases to which it has been supposed to be adapted, and their frequent occurrence; to its efficiency in the fulfilment of the indications generally received as those which call for its employment, and to the slight danger there is of its inflicting any enduring or permanent injury upon the constitution of the patient—so long as its effects upon the living organism are well understood, and kept in constant rememberance while the propriety of its prescription is under consideration, and so long as due precaution is observed in respect to the extent to which it is carried in any given case; to the stage of the disease at which it is practised, and to the frequency with and the intervals at which it is repeated.

It has been admitted by nearly all the leading authorities in therapeutics, of a no very remote period, that blood-letting is the remedy chiefly to be depended on in the entire class of active inflammations of the internal organs—in all the acute exanthemata—in every case of open synochial fever, in many of those classed as synochus, and even in cases of a decidedly typhoidal character, when attended by extreme congestion of the central organs, or by unequivocal symptoms of inflammation. The introduction of the cooling and depleting treatment in febrile diseases generally, which occurred during the eighteenth century, was a fact hailed as a most beneficial triumph of rational therapeutics; the duration of a class of diseases of very frequent occurrence being in consequence shortened, and their mortality greatly reduced.

Large abstractions of blood at the very commencement of all inflammatory and acute febrile affections was, we were formerly taught, the treatment best adapted to lead to speedy and complete convalescence. We were warned, in the most impressive terms, not to depend for the cure of these diseases upon the timid, halfway practice pursued by some, of prescribing small bleedings, frequently repeated. Such an employment of blood-letting being calculated to deprive our patients of all the good that might have been afforded them by a timely resort to a full bleeding; while, at the same time, it un-

necessarily wastes their blood, and reduces their strength; the disease, in the meanwhile, running on uncontrolled, and endangering the occurrence of the most serious lesions in the part or parts where it is seated.

Such were the teachings in respect to the therapeutical use of bloodletting, of all the dominant medical authorities of the latter portion of the eighteenth and commencement of the nineteenth centuries. Since then, however, a very material change has taken place in the opinions entertained by the medical profession in respect to the remedial powers of bloodletting, and the range of cases in which it may be beneficially resorted to. By a few of the most distinguished practitioners in Great Britain, and on the Continent of Europe, it has been doubted even whether the abstraction of blood in any disease—including the most acute forms of visceral inflammations, and the entire class of fevers—is, in fact, necessary to secure a favorable termination; nay, whether the employment of venesection, cupping or leeching, does not in every case rather interfere with the regular progress of the disease, through a certain number and succession of stages, supposed to be necessary to conduct it to its natural resolution, and to produce other mischievous results, sufficient to overbalance, in a very great degree, the apparent amelioration of certain troublesome symptoms which would, at first sight, appear to be the direct result of bloodletting. Louis, Stokes, and several German authorities, maintain that bloodletting has little if any control over the progress of the issue of pneumonia; whilst Dr. Hughes Bennett, and others, insist that it is positively injurious in this and all other acute inflammations.

While it must be admitted that this entire distrust of bloodletting, with its consequent proscription as a remedial agent, is confined to a comparatively small number of well instructed and experienced physicians, it at the same time cannot be denied that the employment of direct depletion—general as well as local—is, at the present day, restricted to a much smaller number of diseases than was the case formerly, and that, even in the few where it is still considered as a proper remedy, it is employed with the utmost reserve and caution.

In view of the very great diversity of opinion and of practice, in respect to bloodletting, which we find to exist between the most enlightened and successful physicians of former times, and a respectable portion of the medical profession of our day, a most interesting, and at the same time important question presents itself for our investigation—the causes, namely, by which this very radical change in medical opinion and practice has been brought about It is to us a matter of very serious import to determine, if it can be done, whether the former extensive employment of bloodletting in the treatment of disease, or the present restriction of the remedy to a very small class of diseases, is to be considered as the practice most consonant with sound therapeutics—which is best sustained by the results of clinical experience.

When, upwards of forty years ago, we began our career as a practitioner of medicine, there were few of the cases of disease that fell under our daily notice, in the management of which general bloodletting, often carried at once to a considerable extent, and repeated, less copiously, again and again, or, perhaps, followed by a free application of leeches or cups over the organ that, in each case, presented evidence of its being the chief seat of morbid action,—was not esteemed by the most authoritative of our contemporaries in the profession, not merely correct practice, but a practice essential to the safety of the patient. Bloodletting was then, and for many years subsequently, considered to be the chief remedy—almost the only one to be depended on—not merely in cases of well marked acute inflammation of either of the internal organs, and in the entire class of synochial fevers, whether continued, periodic, or exanthematous, but likewise in all cases of active congestion, in the acute profluvia, in active hæmorrhages, in many cases of dropsy, in nearly every form of convulsive disease, in acute rheumatism, in certain forms of gout, and in all cases, of which the prominent symptom is severe pain, when occurring in young, robust and plethoric subjects. Nay, there were many eminent physicians of the period of which we speak, and of a somewhat earlier period, who carried bloodletting to a class of diseases which, by many of their contemporaries, and a still greater number of their successors, down to the present day, were and have been considered as those, the entire history—the nature, the phenomena, the course and usual termination of which—contra-indicate in the most pointed manner the employment of every kind and degree of depletion, but especially by the abstraction of blood. We know that physicians of no less distinguished character than Baillou, Reverius, Bamfield, Hillary, Moseley, Baker, Pringle, Robert Jackson, Rush, Stevens, and others, have insisted upon bloodletting as the most successful mode of treating the malignant fevers of warm climates and seasons. Mills, Lind, Armstrong, and a host of American authorities, directed the use of the lancet as an efficient remedy in the typhus gravior of Cullen—the jail, camp, ship, petechial, and putrid fevers of different writers, as well as in the spotted fever, and winter epidemic of the United States, in typhoid pneumonia, and in epidemic erysipelas. Lind, Blane, Milman, Fordyce, Pinel, Baglivi, Heberden, Dehaen, Bamfield, Parry, and many more, practised bleeding in purpura hæmorrhagica. While, in the treatment of croup, epidemic catarrh, scarlet fever, and hooping cough, bloodlet-

ting, both general and local, which is now scarcely thought of, if it be not positively interdicted, constituted formerly one of the common remedies; in those forms, at least, which were reputed as sthenic, or inflammatory.

Disarmed of his lancet and his cups, and deprived of an adequate supply of leeches, it would have been considered in former times, that the physician had been divested of the most efficient and indispensable of the means required to combat successfully with disease, and to arrest its destructive and fatal career.

It was by no sudden revolution in the fundamental doctrines of therapeutics, that bloodletting lost, in the estimation of the medical profession generally, its prominence as a remedial agent, and became to be no longer regarded as of almost universal application in the treatment of disease. Its disuse in many of the cases, and under many of the circumstances in which, at an early period of the present century, it was held to be an indispensable remedy, and its restriction, both in extent and frequency of employment, in the few diseases at the onset of which its use continued to be esteemed as appropriate, took place gradually—almost imperceptibly. Not among any particular class of practitioners, nor among those of any particular country or place, but almost universally. The great body of the profession everywhere, and without any previous interchange of views, we might almost say, without themselves being always aware of the fact, made bloodletting, to a certain extent, a subordinate remedy, even in diseases of an acknowledged inflammatory and acute character, in the treatment of which, but a short time before, it had been considered, by them as well as by the great body of their fellow practitioners, the chief remedy.

To what causes is this important change in medical practice to be ascribed? Has it been brought about because the results of a cautiously conducted, and extensive series of clinical observations, both direct and comparative, had clearly shown that the claims of bloodletting to the character of a suitable and efficient remedy, in those diseases in which it was previously so generally and so extensively employed, were unfounded? Or has it been shown that a change had taken place in the character of diseases, of such a nature as to render bloodletting no longer necessary or proper in their treatment, or finally, have we found some other remedy which, while it fulfils equally well with bloodletting, all the requisite indications, is free from any important objections, to which the latter is necessarily liable?

It is very certain that, upon the introduction of a more careful, rational, and systematic method in the study of disease, and of the influence exercised upon its character, progress and termination, by the several remedies recommended for its cure, physicians soon learned the falsity of some, at least, of the leading therapeutic maxims entertained by them, and the evil results that could not fail to be the result of the too prevalent practice of prescribing active remedies upon indications drawn, rather from the supposed nosological place and character of diseases, than from either an accurate estimate of the nature and extent of the abnormal condition of the organism generally, or of certain portions of it, actually existing, or a clear conception of the curative action of the remedies selected, and their consequent adaptedness to control or subdue whatever morbid conditions are ascertained to be present in the case under treatment.

It cannot be doubted that, the indiscriminate and excessive letting of blood which was formerly practised, in a large class of diseases, varying materially from each other in many of their most important pathological features—each of them, also, exhibiting very decided and important modifications of character, as it occurs in different patients, at different seasons, and in different localities—must have been productive of no little mischief. Predicating the uniform effects of bloodletting, in all cases and under all circumstances, upon the mischievous effects thus resulting from its improper use, rash and illogical minds may have been led to condemn its employment in all cases, even in such where the error on the part of physicians was not its use—for that was called for—but solely its abuse, which could readily have been avoided.

But, we cannot with propriety, account for the comparative disuse into which bloodletting has fallen, of late years, as a therapeutic agent solely from its former improper, untimely, or excessive use, even could it be shown that this occurred more frequently than we have any reason to suppose was actually the case. We are well persuaded that, notwithstanding the errors into which the medical profession were liable to be led, formerly, in respect to the efficiency and propriety of profuse and repeated bloodletting, in many of the cases, and under many of the circumstances of disease, where now the propriety of its employment, to any extent, is considered doubtful, or absolutely denied, notwithstanding, also, the incorrectness of the belief formerly entertained, that the free use of the lancet, early in the first stage of the most severe of the phlegmasiæ, would cut short the disease, and thus save the patient from much suffering, and important organs from the danger of the occurrence in them of serious lesions, often permanent in their character, the medical practitioners of forty or fifty years ago, were as successful in the management of the leading acute inflammatory diseases, as we are at the present day. The records of the profession show, we think, that formerly as large a per centage of cases of pneumo-

nia, pleurisy, peritonitis, and other well pronounced inflammations, when of an acute character, and submitted to medical treatment immediately upon their occurrence, were conducted to a favorable termination, within as short a period, and with as little risk of injury, either temporary or permanent, to the organism as is the case at the present day. We have no facts which warrant the supposition that, formerly, bloodletting was *ordinarily* resorted to in cases where it was uncalled for, or where its effects were *positively injurious*, or that its employment to the extent then considered necessary, was *always* based on erroneous indications, or false views as to the influence exercised by it upon the human organism. A reference to any of the standard works, on the practice of medicine, in use half a century ago, will prove that the rules for the employment of bloodletting, in the treatment of disease, were as sound then as are those recognized by the practitioners of our own times.

It is, we suspect, more than probable, that, at the present day, some, at least, of the indications which call for the employment of the lancet, are, in very many instances, overlooked, and that, from false views in relation to the character of the diseases they are called upon to treat, and of the effects that would be produced upon them by the taking away of blood, physicians often deprive themselves of the advantages to be derived from the employment of a remedy so well adapted as blood-letting to control troublesome symptoms—to shorten the duration of disease, and to render more certain its favorable termination.

The late Dr. Currie, of Philadelphia, has said, that the timid use, as well as the entire disuse, of the lancet in the treatment of disease, from the fear of producing debility, has been a frequent and certain cause of the occurrence of debility, and that of a far more serious character than any for the production of which the discreet use of the lancet can be fairly held responsible. To the same source—the fear of blood-letting—he was wont to attribute, also, the production of a greater amount of actual mischief in acute maladies generally, than to almost any of the accidents properly attributable to even the abuse of bloodletting. Now, we think it not at all improbable that, provided these remarks be confined strictly to cases of disease of a decidedly inflammatory and acute character, they will be found to be strictly true. The entire neglect of bloodletting, under those circumstances which call for its use, is as grave a therapeutical error as can possibly be its careless or uncalled for employment.

It must be admitted, however correct we may consider to have been the practice pursued formerly for the cure of inflammatory diseases, giving to the term inflammatory its widest possible signification, and whatever may have been the reputed success of that practice, that blood-letting was often abused—not so much, perhaps, by its being employed in cases to which it was not adapted, as by its being carried too far, repeated too often, or employed at an improper stage of disease, from the erroneous belief that by *it alone* could certain forms of morbid action be cut short, or effectually eradicated. And this abuse is, doubtless, one of the prominent causes which has led to bloodletting being now employed as a remedial agent in so few diseases to what it was formerly, and even in these few so timidly, and within such restricted limits.

Another cause which has no doubt tended to restrain the physician in the use of blood-letting, is the fact taught him by experience, that some at least, of what were at one time universally conceded to be the most reliable indications of the propriety of bleeding by the lancet, especially of the propriety of its repetition in any given case, are altogether fallacious. The presence and persistence of tension, strength, or fullness of pulse, of intense, fixed pain, and of a sizy, buffed and cupped condition of the blood drawn, were once supposed to be infallible tests of the propriety of blood-letting, and of the necessity of its repetition, so long as they were present. Now, it is well known that, in many cases of disease of the most frequent occurrence—as in rheumatism, for example, the tension of the pulse will be but slightly affected by the loss of blood—in some cases it will be actually increased under the repeated use of the lancet. Intense pain may be present, of a purely neuralgic character, which, instead of being relieved, is most generally augmented by the loss of blood. So, also, in respect to the buffy coating of the blood, it will, in numerous instances, continue to be formed, with scarcely any abatement, in spite of copious and repeated bloodletting. This is the case most commonly, during pregnancy, in acute rheumatism, in puerperal mania, and in some other of the diseases of pregnancy and the puerperal state. In cases, again, in which there exists hypertrophy of the heart, the strength and fullness of the pulse can seldom be reduced by the drawing off of blood to any reasonable extent.

The knowledge of certain alarming morbid conditions, liable to occur when blood-letting was carried to excess, whether in quantity or in the frequency of its repetition—that became gradually developed, as the lessons of experience were more closely conned and better understood, is no doubt to be ranked as an additional cause that has tended to limit the employment of direct depletion as a remedial agent. So long as the sole effect of the loss of large quantities of blood was supposed to be simply a diminution below the normal standard of the mass of blood circulating in the body, and the

anæmia and debility consequent upon such diminution, all of which, it was believed, would be speedily removed, during convalescence, by an increase in hæmatosis, as the appetite of the patient returned, and digestion becoming active, furnished a copious supply of chyle—bleeding was unhesitatingly resorted to, and carried to an extent, in the treatment of many diseases, that bordered almost always upon the limits of rashness, and not unfrequently, even in cases where its curative agency was the most imperatively demanded, overstepping the line of perfect safety. But so soon as physicians became aware, from fatal experience, that blood-letting, when carried to excess, was capable of destroying permanently, we might almost say, the normal crasis of the blood; of exciting violent, often fatal paroxysms of convulsions, or a protracted state of coma; of inducing a condition of morbid, nervous excitability, and of giving rise even to hypertrophy and dilatation of the heart, the necessity of greater caution being observed in its employment than had been exercised previously, became apparent. The majority, however, instead of basing that caution upon a careful study of the therapeutical ends to be obtained from an appropriate, cautious and well regulated use of the remedy, and of the class of cases, and the particular stage of each case, to which it is adapted, committed the too frequent folly of laying entirely aside a valuable, an almost essential remedy, merely because of its mischievous effects when employed injudiciously.

There is another cause by which a more cautious and restricted administration of blood-letting in the treatment of disease generally, has been brought about, and that is, the more correct appreciation, by the mass of medical practitioners, of the true indications to be fulfilled by the remedy, and the kind and the period of disease to which it is appropriate. However important, and even necessary, blood-letting may be considered in certain morbid conditions of particular organs, or of the system generally—in others, though admirably adapted, when well timed and judiciously managed, as a precautionary measure, to prevent the occurrence of serious and irremediable lesions of internal organs, it cannot be viewed as legitimately a curative means. Thus, bloodletting, though essential to insure the safety of the patient in some of the forms of apoplexy, and in nearly all the eclampsia, yet when it is carried to the extreme lengths it has been, and still too often is, under the vain hope of removing, by its agency, the pathological conditions of the nervous centres upon which apoplectic and convulsive seizures may, in any case, depend, it is calculated rather to augment than to diminish the danger attendant upon these diseases. For a single case actually cured by the profuse detraction of blood, repeated, as was formerly the direction, again and again, at short intervals, so long as the apoplectic stupor and the violence of the convulsive paroxysms continue, there could, we fear, be cited many in which the fatal termination was attributable as much to this abuse of bloodletting as to the intractable character of the disease.

A more widely extended and exact acquaintance with the antiphlogistic powers of various depressing or sedative agents, and their more general use subsequent to, in conjunction with, or to the exclusion of the lancet, cups, or leeches, in cases of inflammatory disease, for the control of which physicians were wont, formerly to confide, solely in free and repeated bleedings, may likewise be included among the causes which have contributed to confine the employment of direct depletion, of late years, within more narrow limits, and to curtail, materially, the extent to which it is carried, and the frequency of its repetition, even in those cases where it is still held to be an important remedy. In cases in which tartarized antimony, opium, veratrum viride, aconite, and other sedative agents have not been made to supercede entirely blood-letting, which in times past was reputed to be, in those cases, the chief and most efficient remedy, it is very certain that their employment has caused the amount of blood drawn to be greatly restricted, and a repetition of bloodletting a rare exception where it was once almost the universal rule.

Although the several causes we have enumerated will, to a certain extent, account for the diminished estimate of bloodletting as a remedy in a large number of instances in which but a short time ago, comparatively speaking, it was considered to be the principal means to be relied upon for conducting the disuse to a favorable termination, and to insure the full reinstatement of the normal condition of health, still they will not explain entirely the disuse into which direct depletion has gradually fallen during the last twenty-five or thirty years. The comparative disuse of the lancet as a therapeutical agent has become too general, and the propriety of such disuse too extensively conceded by practitioners, to permit of our referring it on the one hand, solely to the admitted abuse and mismanagement of the remedy in former times, or, on the other, to its having been superceded by the introduction of equally as efficient, and at the same time, safer and more manageable means for the control of inflammatory and of acute febrile diseases. It is scarcely possible for us to deny the correctness, to a certain extent at least, of the commonly received opinion, that nearly all diseases have undergone a change in their character, by which blood-letting and all other absolutely depletory remedies, have been rendered of very doubtful propriety, under many

of the circumstances in which they were formerly believed to be almost the physician's sole therapeutical reliance, and even in those diseases in which their admissibility and propriety are still assented to in theory and in practice, limiting materially the extent to which it is believed they can be carried with safety.

Dr. Watson, of London, who can scarcely be ranked with the opponents of blood-letting, tells us, (Lectures, 1857) that years have passed by since he has met with any case of pneumonia which has required bleeding from the arm. "I may say much the same," he adds, "of inflammatory diseases in general. They have all, as I firmly believe, been less tolerant of bloodletting since the cholera first swept over this country in 1832. I may be fanciful, but I think that great epidemics, such as those of cholera and of influenza, leave traces of their operation upon the health and vitality of a community, long after they have ceased to prevail as epidemics."

The statement has been made again and again, that, for many years past, all diseases have been assuming more and more of a typhoid character, and the correctness of the statement is now almost universally admitted. All that we presume is meant is, that diseases have become more asthenic, more adynamic in their character or type than formerly, and that, in consequence of this change, they do not tolerate as well bloodletting and other depletory remedies. There is unquestionably, much truth in this statement. It will be found, we believe that, in even the most acute and open of the inflammatory affections it is impossible, with a due regard to the interests of the patient, to carry out the same active depletory course of treatment which we are aware was pursued with the best results, by the physicians of the early portion of the present century.

As to the exact nature and cause of this change in the type of diseases to which was formerly ascribed a sthenic character, we are in ignorance. It may in part be due, in this country at least, to a general depression of the vitality of the human organism that has taken place of late years in all of the more civilized communities throughout our borders, and even perhaps beyond them, in consequence of increased population, and the fact that the industrious classes generally, are no longer under the necessity of delivering themselves to strenuous and almost continual bodily exertion in the open air as the price of their existence, that very many among them give themselves up to a comparatively sedentary and luxurious life within doors—the immediate effects of which change of living, are impaired digestion, deficient hæmatosis, and tardy nutrition generally. It is very certain, that whatever may be the actual cause of the more asthenic character, which diseases have assumed of late years, it is one impairing the healthy condition of the blood—indicated by either a diminution of its plasticity, or the development in it of a toxic property of a decidedly sedative quality.

We have thus pointed out some of the causes which have tended to place blood letting, in a far lower rank upon the lists of the materia medica, than that formerly assigned to it. We have admitted, also, that the more asthenic or adynamic character which diseases now present, has obliged physicians to be, to a certain extent, more reserved and cautious in the use of direct depletion by the lancet in their treatment, than were the practitioners of the early period of the nineteenth century. But, in making this admission, we do not wish to be understood as ranging ourselves on the side of those who prescribe entirely blood letting, as a therapeutic agent, or who, at least, consider as of slight value its curative powers in inflammatory and acute diseases; even though, we freely confess that, among these proscriptionists, are to be classed some of the most distinguished of contemporary practitioners and medical writers. We believe that blood letting, when well timed, and judiciously employed, is adapted in numerous cases of disease, far better—that is—more safely and more certainly than any other known remedy, to relieve prominent and distressing symptoms of disease, to shorten its duration, and to conduct it to a favorable termination, and at the same time, to secure important organs from the occurrence of any lesion, by which their functions shall become permanently impaired, and the foundation be laid for some chronic affection of a troublesome or dangerous character.

It is true that the physicians of a former day, and one not far removed from our own, abused, occasionally, bloodletting, by mis-timing it, by carrying it to excess, by repeating it too often in the same case, and by resorting to it in cases to which it was unadapted, and we rather suspect it to be equally true that, the physicians of the present day—our contemporaries—have fallen into the opposite extreme, of neglecting to avail themselves of the curative powers of blood letting in many forms and stages, and circumstances of disease, where no other of the therapeutic agents at their command can serve them as well.

However interesting and instructive would be an examination into the modus operandi of bloodletting, as a curative means, the true indications for its employment, and the proper rules to be observed in respect to the stage of the disease in which it is to be resorted to, the extent to which it should be carried, and the particular conditions which call for its repitition—however pleased we should be to give the result of our own experience, on either or all of these points, it is impossible for us even to enter upon the subject at the present time. To do it proper justice, would require not that a single entire evening, but that a series of evenings should be appropriated solely to its consideration.

(To be continued.)

EDITORIAL DEPARTMENT.

Periscope.

Cases of Sudden Delivery—M. Ammeuille related an interesting case to the Paris Société Médico-Pratique, in illustration of the following question: May a primipara of robust frame become delivered of a full timed, well formed infant, and this infant fall into a privy, the mother resorting there simply to satisfy a want? In the present case, a lady, aged 20, in robust health, having become with child by a young man, left her home in the country, and repaired to a Paris lodging-house; and awaiting admission into the Maternity, she had made no preparations for the reception of the child. She was taken ill in the night, and had several motions; and at last, while proceeding toward the vessel, to pass, as she believed, another, the child dropped from her on the carpet. Her intention was, had not a more sudden pain seized her, to have repaired to the privy, into which the child must certainly have dropped. It is obvious, with the mystery of the case and the want of preparation for the child, how easily a charge of infanticide might, in the event of the child's having fallen into the privy, have been brought in such a case. M. Somonot had no doubt that a woman might be delivered of her first child without being aware of it. He knew the case of a lady who, at four o'clock, was walking about her room and laughing, there being no dilatation of the os or other sign of delivery, and who yet, in twenty minutes later, gave birth to a child and the placenta without pain or exclamation. M. Perrin had recently been called to a woman pregnant of her third child, who, taken first with a violent desire to pass water, and then to evacuate the bowels, passed a child into the utensil. Had the night not been so cold, she would have gone to the privy. There are many many such facts on record; but they may be usefully borne in mind when girls are charged with improperly disposing of the fruits of illicit intercourse, and even when accompanying circumstances are suspicious.—*L' Union Med.*

Spermatic Fluid from a Man neither of whose Testicles had descended from the Abdomen.—The patient suffered from seminal emissions. A portion of the ejected fluid was obtained, and was examined several times during a fortnight. No spermatozoa were found. Mr. Partridge also alluded to a similar case in which fluid was obtained from a gentleman whose testes were undescended. Although he was virile he was childless, and no spermatozoa were found in his spermatic fluid.

Mr. Curling mentioned a case like the last, in which the patient had no difficulty in connexion, although both testes were undescended, and no spermatozoa were found in the fluid emitted in connection.

Predisposition to Inflammation Produced by Sections of the Sympathetic Nerve.—When rabbits are placed under total abstinence they generally live a fortnight or three weeks; but when certain branches of the sympathetic nerve have been previously divided, the animals die within a few days when deprived of food, through acute inflammation of the viscera connected with the nervous twigs that have been divided. When, some time ago, I commenced this series of experiments, I discovered that the section of large divisions of the sympathetic nerve was, apparently, unattended with the slightest inconvenience as long as the health of these animals remained perfect. Some of them even became pregnant and brought forth their young: but as soon as a general debilitation of the system arose, from want of proper nourishment, acute inflammation was produced in the organs deprived of nervous influence. We had, therefore, succeeded in artificially creating particular idiosyncrasies in these animals, and could predict with perfect certainty that as soon as health failed, disease would arise on a given point.—*Claude Bernard.* (*Med. Times and Gazette.*)

Removal of Gold Rings Imbedded in and Constricting the Fingers.—Boston Med. and Surg. Journal.—The fingers were swollen and inflamed from the constriction of two gold rings, which had not been removed for some years. The swelling was so great that removing them by means of a string wrapped spirally around the finger, passed under the ring, and then unwound, as has been suggested, was not practicable. They were so deeply imbedded that filing or cutting them was impossible.

Dr. A. Chapin succeeded in removing them without pain, by softening them with metallic mercury, placed in contact with them. The hand was placed on a table and cotton crowded into the interstices of the fingers along side of the rings so as to make a concavity to hold the mercury. The rings were rendered brittle amalgam in thirty or forty minutes, and removed.

Reviews and Book Notices.

Therapeutics and Materia Medica; a Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLE, M. D., late Professor of the Theory and Practice of Medicine in the Medical Department of Pennsylvania College, etc., etc. In two volumes, pp. 813, and 976. Philadelphia: Blanchard & Lea, 1860.

These portly volumes contain the results of many years observations, study and labor. Dr. Stille is well known in this city, and to many who have enjoyed the privilege of attending his instructions, as a laborious student and an accurate thinker, and this work from his pen, which has been looked for with a good deal of interest, will, we doubt not, be well received by the profession. The author has given special prominence to the therapeutic uses of the various articles of the materia medica, and as "our knowledge of the usefulness of medicines rests altogether upon experience, but not of that of any one man, however skillful, or of any age, however enlightened," the work abounds in citations and references, which add greatly to its value.

Some typographical errors have escaped the vigilant eye of the proof-reader. We will note a few which have fallen under our eye in the compass of a few pages. On p. 77, vol. ii., Diascorides for Dioscorides; p. 80, Liautaud for Lieutaud; p. 87, Clendinning for Clendenning; same page, Dr. C. B. Williams, we presume, means Dr. C. *J.* B. Williams, so also of Dr. C. Williams, in the succeeding paragraph. These errors are, however, of very little consequence, except to the living individuals particularly interested.

The work, which has been issued in the publisher's best style, constitutes a very useful addition to the literature of therapeautics and materia medica.

The Obstetric Catechism; containing 2,347 *Questions and Answers on Obstetrics proper.* By JOSEPH WARRINGTON, M. D. 150 illustrations, pp 445. Philadelphia: J. B. Lippincott & Co., 1860.

This work, which has long been before the profession, will be welcomed, particularly by students. It is generally understood to reflect the teachings of Dr. H. L. Hodge, the distinguished Professor of Midwifery and the Diseases of Women and Children in the University of Pennsylvania: and as it is the only published work that does give his views, it possesses peculiar value to the practitioner on that account. It is also valuable as being in part based upon the extended obstetric experience of its author.

Valedictory Address to the Anatomical Class of the Philadelphia School of Anatomy. Delivered on Friday evening, February 17, 1860, by D. HAYES AGNEW, M. D., Lecturer on Anatomy, Surgeon to the Philadelphia Hospital, etc. Published by the Class.

This address, from the interest of the subject which it considers, and the prominence of its author as a medical teacher, has excited lately much attention. The recent temporary political excitement which was designedly raised among a portion of the medical students, and during which some of the more excitable were induced to leave this city, is alluded to in the address.

The view taken by Dr. Agnew, of the abduction and the general political excitement which led to it, is such as is evident to every rational conservative medical man in the country, who believes that science and the institutions for its dissemination, should stand aloof from and be unpolluted by party bickerings; that the teaching of that science, the application of which is to the whole human family equally, should be untrammelled by sectional feuds.

The address is an eloquent union appeal, in opposition to the fanatical spirit prevalent among a noisy few, north and south, and its spirit will be acceptable to the sensible masses in all parts of the country.

Copies may be had of J. M. Wilson, No. 111 S. Tenth street.

An Epitome of Braithwaite's Retrospect of Practical Medicine and Surgery; containing a condensed Summary of the Most Important Cases, their Treatment, and all the Remedies and other useful matters embraced in the forty volumes; the whole being alphabetically classified, and supplied with Addenda, etc. In five parts. By WALTER S. WELLS, M. D. Published by C. T. Evans, New York.

No journal of its class has been so popular and so extensively read as Braithwaite's Retrospect. It has been in existence forty years, and, for that period, up to the present time, is a complete history of medical progress, and the volumes in themselves will alone constitute quite a medical library.

Perhaps no journal is more frequently referred to than the Retrospect, and to facilitate this reference is the object of this valuable epitome.

It will be valuable to every one; to those who possess the entire series of the original volumes, it is an index by which a ready reference to particular articles may be effected without laborious searching; to those who do not possess the original, it offers a condensed summary, containing the spirit of the entire issue.

The work will appear in parts, at intervals of about one month. The present part contains 304 pages; price one dollar.

Forty-Second Annual Report of the Board of Managers of the Northern Dispensary of Philadelphia.

There were 6,998 patients under the care of this institution during the year 1859. This is considerably less than the number attended during the previous year, owing to the better general health of the community, and the better employment of the working classes, rendering them independent of medical charities.

The Northern Dispensary is, in the extent of its operations, the second institution of the kind in this city, and through the efficiency of its managers and the faithful services of the resident and attending physicians, is accomplishing a mission of good to a very large and deserving portion of the poor.

Inaugural Address. Delivered in the Medical Department of Pennsylvania College, Tuesday, October 11th, 1859, by WILLIAM GOBRECHT, M. D., Professor of Anatomy.

This is a history of the institution followed through the checkered scenes of its existence—through its incubation period, its numerous infantile convulsions, palsy, apparent death, re-animation, resurrection, and transubstantiation, until now, after a flourishing adolescence, it has reached a sturdy manhood, and occupies a permanent and creditable position among the great medical schools of this city.

The Address is historically valuable, and many illustrious names appear in it, of those who, while living, were associated with the institution, but now have passed away. Among these are those of George McClellan, W. Rush, S. G. Morton, W. Grant, and H. S. Patterson, and of many eminent ones who are still living.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 3, 1860.

THE PROPOSED SECOND DEGREE IN MEDICINE.

On the 1st day of June next a joint committee, representing the Medical Colleges of the country on the one part, and the American Medical Association on the other, is to meet in the city of New York, in anticipation of the meeting of the Association at New Haven, five days thereafter. In our view, this meeting, if it should go to work in the right spirit, will be a very important one to the interests of the medical profession of this country.

The American Medical Association has at length reached a point in its history where it has the opportunity to adopt a course which will solve the problem of its influence over the profession, if not, indeed, of its very existence. The subject of medical education has, from the very commencement, taken a prominent place in all the meetings of the Association. Able reports and recommendations have been made by some of the best educated and most talented men in our country. These were based upon two leading ideas: First, the endeavor to improve the preliminary education of candidates for the doctorate, by influencing the profession to refuse to receive into their offices, as students, young men who did not come up to a standard proposed by the Association; and, Second, the endeavor to influence the medical schools to lengthen their courses of instruction, and otherwise elevate the standard of medical teaching.

Some of the profession and schools endeavored in good faith to carry out these recommendations, but as they were not seconded by the profession in general, or a majority of the schools, they were finally compelled to recede from their position, and the result was, that the Association really lost moral power with the masses, and the question was heard on every side—*cui bono?* It thus became evident to those who had the good of the profession at heart, that some other plan would have to be adopted, or the Association would fail to

exert such an influence as such a body ought to exert over medical teaching in our country.

At this juncture, the Medical Society of New Jersey, one of the oldest and most respectable organizations in the country, came forward with a proposition which was intended fully to meet the difficulty. At its 92d annual meeting, held in Trenton, in January, 1858, a series of resolutions, drawn up and presented by the senior editor of this journal, was adopted, and referred to the delegates from the Society to the American Medical Association, to be presented at its next meeting at Washington city, in the following May. These resolutions proposed that the Association should, in effect, begin the reform it had for so long a time been trying to bring about in the profession, by discarding all advisory measures and recommendatory resolutions, and making membership of the Association itself the standard of medical acquirement for this country. These resolutions proposed the appointment of Boards of Examiners throughout the country, whose members should be paid for their services while on duty, and whose certificate alone, or that of the examining boards of the Army and Navy, would render any one eligible for membership in the Association. This certificate would entitle the holder to a diploma from the Association, certifying his relationship to that body, and consequently his professional status. This would be the "Second Degree," and it would emanate from a body national in its extent and aims—the only power in this country capable of exerting a controlling influence over the profession, and this, too, a power in entire harmony with the spirit of our institutions.

These resolutions were presented to the Association, at its meeting in Washington City, in May, 1858, and, as they involved a change in the constitution, they were laid on the table under the rules. At Louisville, instead of being "indefinitely postponed," the ordinary fate of propositions involving a change in the constitution, they were considered of sufficient importance to refer to a special committee to confer with a committee of the Medical Schools. It is these committees that meet in New York on the 1st of June. They are composed of the following members.

Of the Association.	*Of the Schools.*
T. W. Blatchford, M. D., Troy, N. Y.	L. P. Yandell, M. D., Memphis, Tenn.
D. F. Condie, M. D., Philadelphia.	Geo. C. Shattuck, M. D., Boston, Mass.
N. Bozeman, M. D., Montgomery, Ala.	G. C. Blackman, M. D., Cincinnati, Ohio.
C. Brodie, M. D., Detroit, Mich.	H. F. Campbell, M. D., Augusta, Ga.
W. C. Sneed, M. D., Kentucky.	Moses Gunn, M. D., Detroit, Mich.

We wait, with a great deal of impatience, the result of their deliberations, and the subsequent action of the Association. In the mean time, we desire to have the subject thoroughly discussed in our columns, and hope that other medical journals will engage in its consideration. If we mistake not, the consideration of this question will be *the* business of the Association at its meeting in New Haven.

A HARD LESSON TO LEARN.

That is a remarkable trait in human nature which causes one man to be so slow to take warning from the experience of his fellow man. There are two lessons in medical journalism that the profession are very slow to learn. First, that no enterprise can be permanently successful that has no broader a basis to rest upon than the support of some medical school or other purely selfish undertaking—and Second, that no enterprise can live long, that does not insist on advance payment of subscriptions. It is a very easy thing for a man to order a journal and promise to pay for it in one, three or six months, and a very easy thing to enter the name on the subscription book and count the income from it in the estimate of the year's receipts. One, or ten such names would be of little consequence whether they ever paid or not; but unfortunately they count on all subscription books by the hundred, and are worse than good-for-nothing to the too-confiding editor, who is tempted to continue sending his journal month after month and year after year, for fear of losing a subscriber, and the money he already owes.

The only true policy is that which we adopted in commencing our weekly enterprise, viz: to insist on advance payment in all cases,

and stop sending the journal when the subscription expires. We have found the plan to work so well, that we feel no disposition to change our terms, and unhesitatingly recommend it to our confreres in all sections of the country.

We have been led to these reflections in perusing the following remarks taken from a cotemporary which has been ably conducted, and proved itself worthy of a vigorous support. The strain of these remarks is that of many a medical journal in our country, and will continue to be until editors learn the lesson indicated above.

This number completes volume VI. of the * * * * * * That we have fulfilled the measure of our duty to our subscribers, and given them the worth of their money, we feel assured. Alas! how many have received all our labor for positively nothing. Year after year, aye, month after month, during a succession of years, they receive the fruits of our hard labor, and seem never to dream of paying for it. With the progress of each year we labor on, indulging the earnest hope that we shall receive money enough to pay the printer and increase the value of our ensuing volume, and then the year ends with thousands due us, and all our hopes blasted. Never, since we became an editor, have we entertained the desire to put money into our pockets from this channel. No, our ambition has been to spend every cent on the journal itself, and make it what it should be to a paying list of subscribers. But, until we can arouse hundreds to appreciate the fact that they are yearly defrauding us and our paying friends, we must cease to hope. This very day there are more than five thousand dollars due our journal; and look at our monthly list of receipts! This very day we have one hundred subscribers who owe us twenty dollars and upward, and many of these men we *know* to be doing an annual practice of more than $3,000. We appeal to them, and they treat our appeal with contempt. Aye, worse than this—week after week we receive notices from post-masters saying that these debtors now refuse to take the journal from the office. They have not the hardihood to write us that they repudiate, and they do it over the shoulders of the postmaster. Will these gentlemen force us to publish a list of their names? They must have medical journals, and no doubt only quit us to go and do likewise to some other poor wight of an editor. If any other southern journal will send us a list of their delinquents, we will furnish an *exchange* list of equal extent. There at last seems to be no other remedy.

Once more we appeal to all who owe us, whether it be $5 or $25, to settle their just debts Do this, and we will furnish a seventh volume more than worth the money. We do not want the money. We will send it all back to you in the pages of the * * * Is it possible that we are to be disappointed?

THE AMERICAN MEDICAL ASSOCIATION

Will hold its thirteenth annual meeting, at New Haven, on the *first Tuesday of June*, 1860.

The Secretaries of local societies, colleges, and hospitals, are requested to forward to the undersigned, the names of delegates, as soon as they are appointed.

STEPHEEN G. HUBBARD, M. D.,
Secretary.

New Haven, Ct.

The Southern Agent for the REPORTER—Mr. W. A. Miller, of Cecil County, Maryland, has gone to the South on an agency for this journal, to obtain subscribers and interest the profession in the enterprise. He will commence his labors in Georgia. As we already have subscribers in nearly thirty counties in that State, we feel confident that he will meet with encouragement there, which we doubt not will follow him into any other States he may visit.

Will our subscribers in the South prepare the way for Mr. Miller by speaking a good word for the REPORTER, in advance of his visit to their vicinities?

We shall soon send out agents to other sections of the Union, having commenced the year with a determination to add largely this year to our already large circulation. With a circulation in Philadelphia alone, *outside of the Medical Schools*, of nearly 500, we feel that we stand on a foundation that will warrant an almost unlimited amount of branching out.

An alloy of platinum with iridium is proposed by C. Brewster, in the *Dental Cosmos*, for the purpose of increasing the strength of the former metal in its use in dental plate work.

THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

The committee appointed by the College of Physicians, "to solicit further contributions to the Building Fund of the College," have made a general appeal in behalf of the object.

The building fund of the College at the time of the purchase of the eligible lot on which it is anticipated to erect a suitable structure, amounted to about twenty-two thousand dollars. The most of this sum has been expended in securing the site, and but little is left toward the erection of the building.

The terms of Dr. Mütter's bequest, of the museum and the lecture fund, require the erection of a building in less than four years from the present time. As the erection of a fire-proof building, of a character appropriate to its important objects, will require considerable time, a short period remains for securing a sum necessary to insure its erection within the specified time.

The College of Physicians is one of the oldest and most influential medical institutions in this country, and with the important acquisition of a proper hall, and the museum and its appurtenances, the facilities for promoting the scientific objects of the institution will be greatly increased. By a comparatively small investment this desirable consummation can be secured, and the subject is worthy of the liberal consideration of the medical profession of this city.

The following gentleman compose the committee alluded to, to whom contributions or correspondence may be directed: Drs. F. West, T. H. Bache, E. Hartshorne, S. W. Mitchell, W. B. Page, J. J. Levick, R. P. Thomas.

Correspondence.

COUNCILS, VACCINE PHYSICIANS, AND VACCINATION.

From a statement of City Councils, made public last month by the daily papers, we learn that the number of persons returned as having been vaccinated during the year 1859, by the *twenty-four* physicians appointed by Councils, amounted to 169 cases, which would make, upon an average, *seven* cases for each vaccine physician during the twelve months, and for which they received, or are to receive, the sum of fifty dollars, or a little over seven dollars for each child vaccinated—that is, in case the vaccination "took," of which fact the gentlemen have not thought worth while to inform Councils and the public. The salary of twenty-four Vaccine Physicians, at fifty dollars each, amounts to $1,200 per annum, and this sum is paid by Councils for having 169 persons vaccinated, in a city containing 700,000 inhabitants—a very small number unvaccinated in proportion to population, if it were true, which I know it is not. I know that in the above number of inhabitants, there are, at the least calculation, 14,000 who have never been vaccinated, inoculated, or had the small-pox.

It is not my intention to censure Councils for appointing twenty-four physicians, one in each ward, to vaccinate those who require it, young or old, rich or poor; but I protest and say they ought not to allow the city to be robbed, and themselves imposed upon by a parcel of men who have proved to be so neglectful of their duty, not only to their employers, but to the profession of which they claim to be members. I cannot believe that in the twenty-four wards of the city, there are not to be found more than *seven* persons in each who have not been vaccinated. In 1856, when small-pox was so prevalent during the months of January, February and March, the Board of Health deemed it *their* duty to take active measures to stay the progress of the disease, which, in some of the districts, was very fatal, in consequence of the neglect of the vaccine physicians, who *then*, as now, did not do their duty. It was therefore resolved by the Board, at a meeting held on the 22d of February, to appoint a person in each ward, at a salary of forty dollars, to collect and record in a book the name, age, sex, color and residence of persons not vaccinated, "and to return the same daily to the vaccine physician of his own ward for vaccination." This was done in all the wards except the 1st, 19th, 20th, 21st, 22d, 23d and 24th, at a cost of eight hundred dollars, besides twelve hundred dollars paid to the physicians, making a total of $2,000 paid in 1856 for vaccination. The names thus returned to the physicians by the collectors of vaccine cases amounted to 6,558 whites and 407 colored, making a total of 6,965 persons who had never received the Jennerian preventive or had the small-pox. I know, from a careful examination of the books returned by the collectors, that *they* did not half do their duty, and those who did do it could not persuade the physicians to attend to the orders of the Board of Health, as they said they were not appointed by that body,

If, in 1856, we had a population of near 7,000

persons requiring vaccination in seventeen wards, what have we in 1860, owing to the neglect of Councils and their fifty dollar servants during four years, in twenty four wards? Why, I should say, without the least doubt—judging from my own ward and the above returns—that we have at least 14,000 persons in Philadelphia who have not been protected by vaccination, and who are liable to receive and propagate the most foul and loathsome of all diseases—small-pox. How Councils take upon themselves the dispensing of an office, the duties of which they seem to know so little about, and paying twelve hundred dollars for almost nothing, is beyond the comprehension of honest men. Vaccination is the most perfect prophylactic known to society against small-pox; it is as infallible in protecting the individual as if he had already had the disease, and that, too, without any personal disfiguration or danger; therefore the person or persons who would refuse to have this harmless operation performed on themselves or children, should be compelled by an act of the Legislature to undergo, at the hands of their physician or others appointed specially for that purpose, an operation that has for its end the preservation of the human family from one of the most fatal diseases to which it is subject—a disease that makes "the soul of man die in him, loathing life," his dearest friend shun him, because of his disgusting appearance.

A great deal could be said in favor of having a law passed compelling vaccination in cities, of our native and foreign population, and which I think our medical societies should urge, as public benefactors, and to keep up their standing as philanthropists on a par with their brethren in other civilized countries. But law or no law, it is very evident that the City Councils are not the body to manage the matter, and the sooner they confer their right of appointing Vaccine Physicians to the Board of Health or the Guardians of the Poor, the sooner will we be relieved of the risk of a great and impending evil, ready to break out amongst us on the first importation of small-pox. Either of these intelligent bodies might appoint a physician in each ward, whose duty it should be to visit, once a year, every house in it, or make known by a printed notice that every family would be required to have those in their house vaccinated, either by their physician or the physician of the ward. From my own observation, a child can safely be vaccinated after it is two weeks old, and at any season of the year.

E. DONNELLY, M. D.

INCOMPETENCY OF DRUGGISTS.

Rahway, N. J. Feb. 16, 1860.

MESSRS. EDITORS:—In reviewing a paragraph from the message of Gov. Newell, in the REPORTER of Jan. 21st, I little expected to have my views so misconstrued, or to involve myself in a discussion with any of your readers, nor do I intend to enter into any discussion with your correspondents, knowing as I do, that your columns can be filled with matter of much more interest to medical men; but while declining any controversy, I deem it but justice to myself to set myself right before your readers.

Any one reading either of the two replies to my communication, (one of which I regret to see is anonymous,) cannot fail to be struck with the basis from which their arguments start. The writers would drag down medicine to a money basis. The one thinks that a physician's prescriptions should be so written as to allow the druggist a good profit, and to this you made an admirable reply. The other is willing to allow an ignorant, inexperienced and incompetent person to compound his prescription, because few druggists "*can afford* to employ competent clerks. I protest against *money* being made an offset against *human life*. I know that it is generally believed that the great sympathetic nerve of many Americans has its largest ganglion in the *pocket*, but when it comes to medical men being obliged to allow ignorant and incompetent persons to prepare their prescriptions and kill their patients, because it *don't pay* the druggist to employ proper clerks, then I think it is quite time that physicians *stopped prescribing altogether*. If, as "* * *" asserts in many places, it is "*utterly impracticable* to have our prescriptions compounded by those who know how to do it, then we are *morally*, and should be *legally* bound to do the business *ourselves*. We have no right to imperil a patient's life for our own convenience. The idea is monstrous, that because apothecaries cannot afford competent assistants in their stores, (and I by no means will admit such to be the case,) that we, to save ourselves a little trouble, are to allow them the chance to kill our patients with impunity. God forbid that we should ever disgrace our noble profession by such conduct, or that we should acknowledge an "irrepressible conflict" between money and human life, and expose our patients, who have literally placed their lives in our hands, to the consequences which must flow from such a doctrine. Let the manufacturers of Lawrence reap a fortune at the expense of the blackened and charred bodies of their operatives—but let every incompetent druggist in the land starve before one physician can be found who will thus wickedly expose the life of his patient that the druggist may *make money*. If to pay the druggist our patients' lives must be sacrificed, then let him go without pay. If an apothecary *must be* sustained at the peril of life, and if we, with the consequences staring us in the face, are bound to sustain him even at such a cost,

in the name of humanity, and of that Book which teaches us to do to others as we would that they should do to us, let the poor creature whose life hangs upon the issue, know the facts. Tell him, as you hand him the prescription, "Send this to Mr. A.'s store; he *can't afford* to employ a clerk who knows how to compound it, but as he has the English names upon his bottles, perhaps his boy may guess enough to give it to you. If he makes a wrong guess, and you die in consequence, nobody will be to blame, for I have written every word out in full, and omitted every character, even the ancient sign of Jupiter, for fear that might perplex the boy, who perhaps never saw it in his life. You will die by the visitation of God, and nobody will be to blame, for Mr. A. cannot *afford* to hire a clerk who understands his business." Think you your patient will be satisfied with your logic. I cannot believe that physicians are sunk so low as to allow any one to make money at the expense of their patients' lives. I fully endorse the motto, "Live and let live," and have not one word to say against the druggist accumulating his share of this world's goods, but if his path to wealth must be over the dead bodies of his victims, then I for one do not wish to be *particeps criminis*.

Now, as to my idea that druggists should be held legally responsible for all mistakes. I do not mean that they should be held responsible for an error in *writing* prescriptions; that would be preposterous; but if they understand their business they will decline to compound a prescription which they know is wrong, or that they cannot unmistakeably make out. Physicians should make it a rule, and it is their duty, and a druggist has a right to demand it of them, that they should support an educated man in preference to one incompetent and ignorant, for he is really a quack, and should be frowned down by men who despise that fraternity. Take an instance: A physician gave the following prescription:

℞. Creasot., f℥ij.
Aquæ, gtt. ij. M.

Signa: Use as a mouth wash.

It was taken to an educated druggist, and he of course reversed the respective quantities. Supposing that prescription to have been written without an abbreviation or character, and to have been taken to an ignorant druggist, even supposing him to have his bottles labelled in English, would that mistake have been corrected? No. I grant that the writing of such a prescription is culpable, yet the compounding of it would be equally so. It does very well for a printer to "follow copy if it goes out of the window," but it will not do for druggists. I agree with your Pittsburg correspondent that a physician should thank an apothecary who should return a prescription on account of a mistake therein, or its illegibility. A man who, instead of thanking, abused the apothecary, is unworthy of being a member of a profession which claims to be composed of gentlemen. Take again the case which recently occurred in Philadelphia, where morphia was given for quinia. The prescription was plainly written, although containing, I suppose, the usual abbreviations[1] and characters. (I may remark, *en passant*, that Dr. Levick was a private pupil of Prof. Wood, yet to my certain knowledge he uses the characters in common use, and although I have enjoyed the honor of hearing the lectures of Prof. Wood, I never heard him say one word against those characters, and I am quite sure that his able colleagues use them daily.) Suppose the prescription had been written sulphate of quinia instead of quiniæ sulphatis, would the heedless boy have been any less liable to make a mistake? Most assuredly not. Who dare assert that Dr. Levick was in any way to blame? Yet I have seen long newspaper fulminations, based upon this very case, in which the medical profession was soundly berated, and, therefore, it is that I asserted that Gov. N., unintentionally, no doubt, re-echoed the popular sentiment, which *always* blames the Doctor. The other day I had occasion to prescribe some powdered alum in emetic does, and a liniment composed of Tinct. Saponis Camph. and Ol. Terebinth. I wrote explicit directions for the use of each. The prescriptions were compounded by a boy, who wrote not one word of directions, did not label the liniment at all, and marked the package of alum as follows: "Pulv. Alum." At another time I ordered some tinct. aconiti rad., giving minute directions for its external use in a case of supra orbital neuralgia. The common tincture of aconite was sent, labeled "Tincture of Aconite," with no directions whatsoever. Now, I have not a doubt that had a mistake occurred in either of these cases, I would have been blamed by the public, and my reputation perhaps seriously damaged, but I suppose "* * *" would console me by saying that the druggist could not *afford* to employ a more competent person.

The arguments (?) used by "* * *" in favor of English labels and English written prescriptions, come with a bad grace from an educated physician, as they are but a repetition of those used by every quack, from Samuel Thomson down.

They have been so many times refuted, and their fallacy so often exposed, that I have no need to say a word in reply. If a physician has not education enough to know the officinal name of the medicine he prescribes, he does not deserve his diploma, (I know *one* college where he could not get it,) and

[1] There were no abbreviations used in the prescription.—EDS. MED. AND SURG. REP.

had better go over at once to the homœopaths, or some other species of the genus "quack." If a druggist is not familiar with the officinal names, he had better serve another apprenticeship. I am "down" on quacks of every grade, whether they are quack doctors, quack druggists, quack preachers, or any other sort. I might criticise the use of abbreviations by "* *" which we know are not officinal, as "hyd. proto chlor., or "hyd. deuto. chlor.," but in mercy to your readers I forbear. J. T. C.

Items and Miscellany.

Tribute to Dr. Meigs.—At a meeting of the students of Jefferson Medical College, held on the evening of Feb. 24th, Mr. Fred. F. Taylor, of New York, was called to the chair, and J. T. Shaffner, of N. C., appointed Secretary.

The chair having stated the object of the meeting the following preamble and resolutions were presented and unanimously adopted:

Whereas, we have listened with pleasure to the instructive and eloquent series of lectures, given this season by the professor of obstetrics, and have felt with much pain that the impaired state of his health from long and incessant labors, must ere long dissolve his connection with this institution. Therefore, be it

Resolved, That it is the wish of this class to obtain the portrait of Prof. Ch. D. Meigs, to be deposited in the museum of the Jefferson Medical College, as a memento of the tender and affectionate regard entertained by the members for their Professor. And be it further

Resolved, That a committee, consisting of one from each State here represented, be appointed to wait on Professor Meigs, and solicit his consent for this purpose.

Resolved, That the transactions of this meeting with these resolutions be inserted in the ensuing number of THE MEDICAL AND SURGICAL REPORTER.

JEFFERSON MEDICAL COLLEGE,
February 25th, 1860.

PROF. CHARLES D. MEIGS.

DEAR SIR:—We the committee appointed under the above resolution, take great pleasure in performing the duty assigned us, and most respectfully and earnestly request you will grant the wish which has been so unanimously expressed by the Class. We beg leave to subscribe ourselves your affectionate pupils,

T. J. TATE, ALA., *Chairman*,
M. B. COLLINS, MO., *Sec'y*.

JEFFERSON MEDICAL COLLEGE,
February 25th, 1860.

GENTLEMEN:—I have received your note of this date, and I now beg leave to thank you for the kind expressions with which you have been pleased to make known to me the wishes of the Class.

To be insensible to so distinguishing a favor as that with which my Class have thus proposed to honor me, would show me to be unworthy of their so kind appreciation of my endeavors to teach them with earnestness and sincerity. Yet I cannot readily find words with which fully to express my most grateful sense of their goodness.

The letter which on their behalf you have written to me, shall be carefully preserved as my honorable diploma and warrant, to show that I have earnestly endeavored to fulfil the high trust conferred on me by the trustees of the college. I will ever prize it as one of my best records—nor can I become unmindful of the bonds in which I now rest, the most affectionate and most grateful servant of my kind auditors and friends,

CHAS. D. MEIGS.

To Messrs.
T. J. TATE, ALA, *Chairman.*
M. B. COLLINS, MO., *Secretary*,
And others of the committee.

The Annual Commencement of the Pennsylvania College of Dental Surgery was held at the Musical Fund Hall, on Wednesday evening last, the 29th inst. The spacious room was well filled with a highly intellgent audience, giving evidence of the growing appreciation of a profession which has, within the past few years, made such rapid advances as to attract the attention of men in all departments of science. The valedictory address, which was delivered by Prof. Buckingham, although short, was to the point, and excited frequent applause.

The next annual session of this institution will commence on the first of November, 1860, and will continue until the first day of March ensuing.

Army Intelligence.—For the following items we are indebted to *The Century*, published in New York:—

Orders have been issued for a Board of Medical Officers to assemble in the City of New York, on the first of May next, or as soon thereafter as practicable, for the examination

of Assistant Surgeons for promotion, and of such candidates for appointment to the Medical Staff of the Army, as may be invited to present themselves to the Board.

Detail for the Board.—Surgeons C. A. Finley, C. McDougall and J. M. Cuyler. Assistant Surgeon J. F. Hammond, Recorder.

The Army Medical Board, "in view of the improvements in the Materia Medica since the last revision of the Standard Supply Table for Field Service in 1849," have excluded from said table many articles, and lessened the quantity of many others, so as to diminish the bulk and weight of supplies, and to have them packed in chests, panniers, &c., so as to be accessible at all times.

They report on ambulances, that they ought to be furnished for 40 men per thousand—20 lying and 20 sitting; that both two and four-wheeled ambulances are needed for hospital service, the former being better for those who are dangerously sick or wounded.

The Board recommend for commands of fewer than five companies, one two-wheeled ambulance to each company; for a battalion of five companies, one four-wheeled and five two-wheeled ambulanees; for a regiment, two four-wheeled and ten two-wheeled.

In a state of war with a civilized enemy, the Board recommend for commands of fewer than three companies, one two-wheeled transport for hospital supplies, and to each company one two-wheeled ambulance; for more than three and fewer than five companies, two transport carts, and to each company one two-wheeled ambulance; for a battalion of five companies, two carts, five two-wheeled ambulances, and one four wheeled; and for each additional company below ten, one two-wheeled cart; for a regiment, two four-wheeled ambulances, and ten two-wheeled, and four transport carts.

The Board recommend horse litters for posts where the ground does not admit of wheeled carriages; and the hospital attendants for a regiment in the field to be for one company, one steward, one nurse, one cook; for each additional company one nurse, and for more than five companies one additional cook. They also recommend the adoption of a hospital knapsack with suitable divisions for instruments, dressings, medicines, &c.

The report of the Board has been adopted, and promulgated in General Orders No. 1, under date of January 19. The tables are given in full, and no extra article must be purchased except by orders of the Surgeon General. The medical officer may reduce quantities, or omit articles in his discretion.

The transfer of the surgical instruments issued to each medical officer for his personal use, is positively forbidden. Those instruments will be accounted for to the Surgeon General on the 31st of December annually. The true condition of each must be stated, and if any be lost or damaged a report of the circumstances must be given.

The Quartermaster will cause ambulances of each pattern to be constructed without unnecessary delay.

On the 24th *ult*, a petition was presented in the New York Legislature, signed by thirty-three residents of the City of New York, representing real estate to the amount of *over* $100,000,000—an average of over $3,000,000 apiece! Among the signatures were those of William B. Astor, Alexander T. Stewart, Cornelius Van Derbilt, Auguste Belmont, James Lennox, the late Stephen Whitney, etc., etc. The object of the petition was to secure for the cities of New York and Brooklyn, an efficient Health Department. It is high time that the capital of this country was more enlisted in favor of the enactment of efficient sanitary laws. We are glad to learn that the prospects of the Health Bill, in the New York Legislature, are excellent.

Dr. Joseph Jones, Professor of Chemistry and Pharmacy in the Medical College of Geogia, at Augusta, has issued an announcement of a course of private instruction in Medical Physics, Chemistry and Pharmacy, Toxicology, Microscopy, Experimental Physiology and Comparative Anatomy.

Dr. Jones although a very young man, has already distinguished himself by his attainments in these branches of medical science, and we trust that his course will meet with support.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Georgia*,—Mr. W. A. Miller—*Illinois*,—Dr C. D. Henton, Dr. T. D Fitch—*Iowa*.—Dr. E. J. Fountain—*Kentucky*,—Dr. Junius O'Brien—*Maryland*,—Dr. L. R. Kirk—*Missouri*,—Dr. Cary N. Hawes—*New York*.—Dr. J. H. Griscom, Dr. M. Stephenson, (2.) Dr. S. D. Willard, Drs. Lehlbach and Van Giessen—*New Jersey*,—Dr. E T. Blackwell—*Pennsylvania*,—Dr. O. D. Palmer, Dr. Chas. T. Waage, Dr. C. C. Field-Dr. Jones, Dr. E. Donnelly—*Virginia*,—Dr. S. P. H. Miller.

Office Payments.—Drs. A. O. Stillé, Thos. Craige, S. Updegrove, C. B. Roberts, J. Heritage, W. H. Gominger, B. Gardner, W. P. Grier, N. Starkey, (adv.,) D. W. Kolbé, (adv.,) Dr. James A. Butts, (of Ga.)

MARRIAGES.

ROGERS—EDWARDS.—At the Methodist Episcopal Church in Willow Grove, Delaware, on the 28th of Feb., Dr. T. C. Rogers, of Willow Grove, and Miss Ray, daughter of the officiating clergyman.

DEATHS.

ODELL.—On Sunday, January 22d, at the residence of her son, Dr. George M. Odell, in Frederickton, New Brunswick, Elizabeth, relict of the late Hon. Wm. F. Odell, and daughter of the late Dr. Elisha Jewel., of Allentown, N. J.

BUTLER.—At Pecatonica, Winnebago county, Ill., of typhoid fever, Dr. A. W. Butler, aged 40 years.

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embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

SUMMER INSTRUCTION
FOR STUDENTS OF MEDICINE.

THE EIGHTH ANNUAL COURSE OF LECTURES OF THE *Philapelphia Association for Medical Instruction*, will commence on the *first Monday in April*, 1860, and will continue, with the usual midsummer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.

The following is the schedule of the course:

Medical Chemistry, by Robert Bridges, M. D.
Obstetrics and Diseases of Women, by William V. Keating, M. D.
Anatomy, by Ellerslie Wallace, M. D.
Institutes of Medicine, by S. Weir Mitchell, M. D.
Institutes and Practice of Surgery, by Addinell Hewson, M. D.
Principles and Practice of Medicine, by J. Da Costa, M. D.
Materia Medica and Therapeutics, by James Darrach, M. D.
Surgical Anatomy and Operative Surgery, by John H. Brinton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt.

Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

For further information relative to the course, apply to
ELLERSLIE WALLACE, *Secretary*,
174 No. 277 South Fourth street, Philadelphia.

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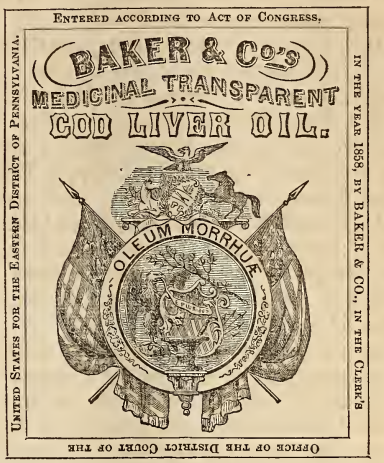
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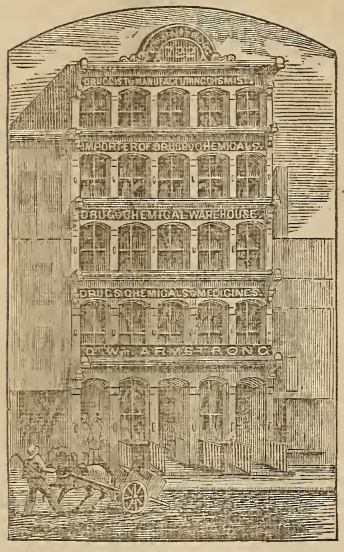
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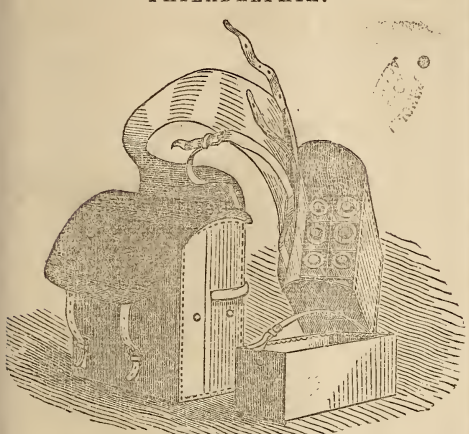

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" "		1	Mortar, " "		$19 00
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" "		4	Pots, " "	and	
" "		1	Mortar, " "		$15 50
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" "		10	½ oz. " "	and	
" "		4	Pots, " "		$12 00
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" "		4	Pots, " "	and	
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" "		14	1 oz. " "		
" "		14	½ oz. " "		
" "		4	Pots, " "	and	
" "		1	Mortar, " "		$16 50
No. 3, containing	14	1	oz. Ground Stop. Bottles,		
" "		14	1½ oz. " "	and	
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THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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Fig. 1.

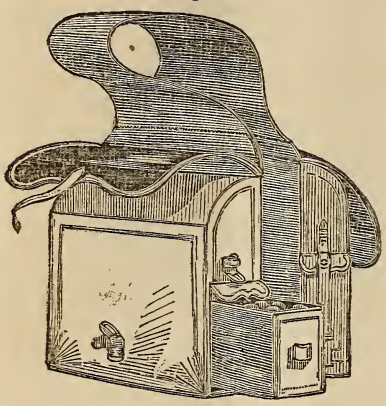

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	20	"	9.50
"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

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Pil. Assafœt.:	Pil. Calomel Comp., (Plummer's:)	Pil. Quin. Sulph., 1 gr.:
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Pil. Ferri Comp.:		

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 177. } PHILADELPHIA, MARCH 10, 1860. { NEW SERIES VOL. III. NO. 24

ORIGINAL DEPARTMENT.

Communications.

ANATOMY
IN ITS RELATIONS TO
MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,
Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 24.

INTRA-ORBITAL REGION.—This region is much greater than the occular spheres; the intermediate space being filled up with masses of fat, supported by cellular tissue, muscles, lachrymal glands, blood-vessels and nerves. Placed between the head and face, each contributes to its structure, no less than seven bones being associated to form the skeleton of the orbit.

The roof or superior wall is made by the orbital plate of the frontal, and lesser wing of the sphenoid bones; on the outer part of which is a well marked fossa, the "*lachrymal,*" for the lachrymal gland, and at the inner angle a little depression for the trochlea of the superior oblique muscle, and a short distance more external, a groove or foramen, the "*supra orbital,*" through which pass blood-vessels and nerves of the same name. The roof is concave on its occular surface, is quite thin, forms the floor of the anterior cerebral fossa, and at its inner angle, of the frontal sinuses. A suture passes from side to side at its posterior part, and connects the anterior part of the lesser wing of the sphenoid with the frontal.

The floor. This is constructed by the maxillary process of the malar, the orbital plate of the superior maxillary, and a small facet of the palate bones. It has an inclination of descent toward the outer wall. Beneath is the antrum or maxillary sinus, and between the two a canal, (sometimes a groove,) which opens upon the face as the infra-orbital foramen, and which is traversed by the blood-vessels and a nerve of the same name; the first branches belonging to the internal maxillary, the last the main trunk of the second branch of the fifth pair, or inferior maxillary nerve. At the anterior and inner portion of the floor is a depression for the origin of the inferior oblique muscle. The suttural line between the malar and upper maxillary begins about the middle of the lower margin of the orbit, and runs outward and downward.

Inner wall. This is made by the lachrymal, planum of the ethmoid, and the sphenoid bones, the last two separating the orbit from the ethmoidal and sphenoidal sinuses. There are four sutures seen on this wall; two horizontal and two vertical. The upper horizontal one is between the frontal, the unguis and the ethmoid bones. In this suture are two little foramina, "*anterior and posterior ethmoidal,*" transmitting the ethmoidal branches of the ophthalmic artery to the ethmoidal sinuses, and also the nasal branch of the ophthalmic nerve on its way first into the cranium and then the nose. The lower horizontal suture is between the lachrymal and ethmoid bones above and the superior maxillary below. The anterior vertical suture is between the unguiform and ethmoid bones, the posterior between the last and the sphenoid bones. At the anterior extremity of the inner wall is the lachrymal groove for the tear sac and the commencement of the nasal duct. This wall runs almost directly backward.

External wall. This is formed by the ma-

lar and great wing of the sphenoid bones. Its external surface presents toward both the temporal and zygomatic regions. The external wall is very oblique, and the direction of the axes of the two orbits is such that they would intersect each other a very short distance posterior to their summits. Two sutures exist in this wall; a longitudinal one, between the frontal bone above, and the malar and sphenoid bones below, and a vertical one between the sphenoid and orbital plate of the malar bones.

Openings into the orbits. If we look into the bottom of the orbit, two openings will be seen; the one a fissure, "*sphenoidal fissure,*" running from the floor to the roof, with an external inclination, and is for the passage of the third, fourth, sixth, ophthalmic branch of the fifth pairs of nerves, filaments of the sympathetic nerves, and the ophthalmic vein. Internal to this and close to the roof, is a second, the "*optic foramen,*" and in the recent state transmits the optic nerve, and the ophthalmic artery.

Between the floor and the outer wall, just behind the orbital plate of the malar bone commences a fissure, "*spheno-maxillary,*" which, extending back near the bottom of the orbit, meets a second, the "*pterygo-maxillary.*" The angle of their union is the "*spheno-maxillary,*" which is the location of the ganglion of Meckel.

The orbital chambers are lined by a periosteal layer, which is continuous through the optic and sphenoidal openings with the dura mater cerebri.

Practical observations. Inasmuch as the ball of the eye does not fill the orbit, it is quite possible for wounds to penetrate even to its entire depth without necessarily implicating the organ itself. Let us consider what results may accrue from such injuries passing along the four surfaces of the orbit.

If along the superior surface or roof, the lachrymal gland, the levator palpebræ muscle, the superior oblique trochlea, or the supra-orbital blood vessels or nerves might be wounded, the first attended by the escape of tears from the wound, the second by falling of the upper eyelid; the third by an imperfection in the antero-posterior axial rotation of the eye; the fourth by extravasation of blood into the cellulo-adipose tissue of the orbit, and the last by partial numbness of the brow and forehead.

If the injury should follow the floor, the inferior oblique muscle may be severed, the infra-orbital vessels, or the infra-orbital nerve wounded; the first would place the ball of the eye so much under the power of the superior oblique muscle, as perhaps, to carry it somewhat downward and outward; the second hemorrhage, and third partial loss of sensibility of the face.

If a pointed instrument, in passing over the floor of the orbit, should be directed outward and downward, it might very readily enter the spheno maxillary fissure, and inflict damage upon some of the constituents of the temporal or zygomatic fossæ, as for example the internal maxillary artery, or some of its branches.

Such injuries as follow the course of the inner wall may involve the lachmyral sac, the ethmoidal arteries, or the internal nasal nerve, characterized by escape of the tears, hemorrhage into the cellulo-adipose tissue of the orbit, or disordered sensibility of the corresponding nasal mucous membrane. Where a foreign body penetrates to the bottom of the orbit, the result will be according to the particular constituent which may be injured. If the ophthalmic vein, hemorrhage; if ophthalmic branch of the fifth pair of nerves, loss of sensibility in the parts within the orbit and over the brow; if the sixth pair of nerves, internal squint from the external rectus muscle, being deprived of its motive power; if the third pair of nerves, external squint, and an outward and downward direction of the eye from the ball being given over wholly to the external rectus and superior oblique muscles. The situation of the optic foramen being at the summit of the orbit, where the inner wall and the roof join, is so much above the floor that injuries involving the sphenoidal fissure and its contents, will not necessarily implicate the optic nerve or ophthalmic artery. The floor of the orbit being the roof of the antrum, tumors within

the latter cavity, may develope toward the former so as to displace the eye, which is often noticed as one of the earliest evidences of such disease. The roof of the orbits being the floor upon which rests the anterior lobes of the brain, an injury penetrating this thin septum would injure either the cerebrum or its membranes; or an orbital tumor may give rise to severe cerebral symptoms, from growing in that direction; a fracture through this part of the cranial base will produce an extravasation of blood, which will percolate the sub-conjunctival cellular tissue; this will be hereafter explained. As the inner wall separates the orbital chamber from the ethmoidal and sphenoidal sinuses, a penetration of this layer may be followed by the passage of air into the cellular tissue of the orbit. As the orbital communicates with the temporal and zygomatic cavities through the spheno-maxillary fissure, disease in one may readily extend into the other. And as the periosteal layer connects through the optic and sphenoidal openings with the dura mater, morbid affections of the one may extend to the other membrane.

Singular Case of Esophageal Rupture.

By THOMAS W. FOSTER, M. D.,
Of Keene, Kentucky.

I was called, in consultation with Dr. H., to see a negro man, aged fifty-four. Found him suffering from acute pain in the epigastric and cardiac regions. Pulse frequent, small and feeble. Extremities cold to knees and elbows. Hippocratic face. Sinking rapidly. Died in a few hours. The particulars of this case, which I diagnosed as rupture of the stomach, were related to me by the attending physician. It appears that the patient was intemperate, but stout, and enjoying ordinary health the day previous to his death. After eating a hasty supper, the evening before I saw him, he walked about one mile to the village. As he entered the suburbs, he had a spell of coughing which resulted in vomiting, at which time, he was seized with this excrutiating pain, which only ceased in death.

Autopsy.—I was induced by my suspicion of *rupture of the stomach* to examine that organ first. Found the mucous membrane exhibiting the usual effect of intemperance; but the coats otherwise sound. The only contents beside mucous, was a piece of cartilaginous beef, about two inches in length and one in breadth. Finding my diagnosis incorrect, we next turned our attention to the thorax. I observed the diaphragm with its convexity to the abdomen, caused by a large collection of fluid; on cutting into the superior portion of this sac, I discovered in the cavity of the chest a pint of emetic mixture, gruel, water and castor oil floating upon the surface. None of these medicines, which had been taken, had shown their usual effects; nor had morphia, though given freely, relieved the pain. On further exploration, found the esophagus ruptured to the extent of two and a half inches, which readily accounted for these articles, above mentioned, going into the thoracic cavity.

How did this laceration of the esophagus occur? My explanation is this: When he made the first effort at vomiting, the beef, which I referred to as being in the stomach, was thrown into the throat, there closing the canal; then followed an expulsive effort of the stomach and abdominal muscles, and having no exit in consequence of the plug in the throat, the result was rupture of the esophagus. What think you of this explanation, or can you account for it in any other way?

Biography.

BIOGRAPHICAL NOTICE OF DR. DAVID WILLARD,

Late of Wilton, Connecticut.

Dr. Willard was a descendant of Major Simon Willard, a distinguished pioneer from England to Massachusetts in 1634. His ancestors for three generations resided in Saybrook, Connecticut, where he was born the son of Colonel Daniel Willard, on the fifth day of February, 1789.

His early education was obtained under the direction of the Rev. Samuel Mills, pastor of the second parish (now Chester,) church in Saybrook. His preceptor in medicine was

Dr. Smith Clark, a physician and surgeon of no inconsiderable reputation in the ancient town of Hadam, a few miles north of Saybrook.

In the winter of 1809–10 he attended the medical course of instruction at Columbia College in the city of New York, when included in the faculty of that institution were BUCHANAN, and the gifted HAMMERSLEY, STRINGHAM and the venerable MOTT, then in the very beginning of his brilliant career, and by whom the subject of this notice was, as many others have been, inspired with zeal for the medical profession.

He entered the profession under the authority of the Connecticut Medical Society, on the ninth day of July, 1812, and in the October following took his residence in Wilton, a pleasant and mostly agricultural town in the western part of the state. This extensive section was at that time wholly unoccupied by an educated physician, and in the freshness of early manhood, with habits of industry and strictest temperance, in the vigor of robust health, and in the determination of a decided and laudable ambition, Dr. Willard entered upon his labors. These were continued zealously, and successfully with unremitting perseverance, and with the interruption of scarcely a day, for a period of just forty-five years. Dr. Willard possessed a constitution that seemed invulnerable to disease, and to the illnesses incident to broken rest, hardship and exposure; as also a power of endurance, physical and mental, that no fatigue seemed capable of overcoming. He was always ready for duty, and performed every service with great alacrity and cheerfulness. For many years his practice was extensive; he rode mostly on horseback, (where he sat with the firmness and confidence of a General of cavalry,) and could have hardly performed so much labor otherwise, or had he been less endowed with energy and strength. Amid the multiplicity of his duties he found more time for reading than most country practitioners. With fine natural talents, he was gifted with a strong retentive memory, so that a subject once studied, it was subsequently at his command. Literature rather than science was his favorite pursuit, and history the branch he more particularly loved, and in which he was always at home. He seldom journeyed beyond the limits of his professional duties, yet he was as familiar with our own and foreign countries as many who have travelled extensively in both. He was fond of society and possessed a happy facility for gaining and imparting information; he was exceedingly affable in conversation and his resources were ample and varied. As a physician he was attentive to the condition of his patients, and skillful in the management of cases. His habits of observation were good; he abounded in practical knowledge and always brought to his aid a large and valuable experience. His manners at the bed-side were gentle, acceptable and inspiring to his patients; and to them, whatever their condition in life, he was ever devoted with conscientious fidelity.

He possessed a quiet dignity, and a presence that would always command attention and respect; meanwhile there was about him an open cordiality and a genial humor that rendered his society attractive to those of every age. The school children expected his greeting as they met him, and every passer received his pleasant salutation. His step was quick and elastic, and his spirits were usually as buoyant as his health.

Although his life had been one of great hardship and not without most of the severe trials incident to professional life, yet highly favored in his domestic relations, and surrounded by many comforts, the future indicated a green old age. But in the autumn of 1856 he was seized with a slight paralysis which for a time the vigor and recuperative energy of his constitution firmly resisted. He began now, however, to know the sensation of fatigue, and soon after, the influence of a severe bereavement aided to impair his health; the paralysis returned in attacks so severe as to completely shatter his nervous system.

For two years and a half life has been a melancholy contrast to the picture of his former health and strength. For nearly forty years Dr. Willard was a member of the Congregational Church, and his weary illness was borne in

the resignation of Christian patience and hope. He died on the 9th day of February, 1860, at the age of seventy-one years. Six children survive him of whom two are sons, the Rev. Samuel G. Willard, of Willimantic, Conn., and Dr. S. D. Willard, of Albany, N. Y.

Of Dr. Willard it may be said in a word, his life was one of long continued usefulness. As a father he was affectionate, as a physician he was beloved, and as a citizen he was honored in life and lamented in death.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.]

WEDNESDAY EVENING, JANUARY 11.

DR COATES, President in the chair.

Subject for Discussion—THE USE AND ABUSE OF BLOODLETTING.

(*Concluded from from* 500.)

Dr. COATES apologized for being desultory, as there was not time to methodize the notes which he had taken; and he should follow the lecturer as nearly as these would enable him. In general he could confirm nearly all that had just been said by Dr Condie.

The change of opinion alleged to have taken place, might not be so great as was supposed. Something depends on our own difference of ages, in regard to the change of treatment of disease by blood letting; something might arise from alteration in the epidemic character of the times, and something from the altered condition of the population in our city; something also should be allowed for the imperfection of our instruction.

Well educated physicians at all times, set a limitation to the emission of blood, and what was set down as improvement of the age, was liable to be really a progress in the studies, observations and reflections of the individual.

To prove the distinct recognition, at a period removed some years back, of needful and great precautions against excess and other abuse of bloodletting, Dr. C. asked liberty to read several extracts from a paper, "on the principles which should regulate the employment of bloodletting," furnished by him to Chapman's Philadelphia Journal, Volume VIII, for May, 1824, from which he endeavored to show that adequate precautions were then known on this point, in relation to the tendency of fevers to a typhus form (although the history of the affection of Peyer's glands was then unknown,) pages 111 and 104; the general importance of the injury done to the organism by the loss of blood, page 112, the epidemic tendency of the time, page 104, the necessity of guarding against a subsequent and unavoidable debilitating stage of the disease, as in small pox, page 106, and even the cure of acute inflammatory diseases by the use of antimony, page 102. He also dwelt upon the opinion, there expressed, that a physician should, where practicable, be present during the performance of the operation.

In the Pennsylvania Hospital, in which he obtained his medical education, the patients were principally young vigorous subjects, and bore bleeding probably better than many others, though he did not doubt that it was often carried to an improper length. He felt, however, a full right to claim that he had been cautious then, as he was at the time of speaking.

He had often, when a very young observer, felt surprise at never recognizing the "fever from loss of blood," mentioned by the older surgical writers. He presumed that this was the frequency of pulse, with nervous symptoms, sometimes exhibited before his eyes.

Undoubtedly, the profession have knowledge on points upon which they were formerly ignorant, particularly in morbid anatomy. Auscultation and percussion, also have enabled us to diagnose what was formerly obscure. Yet the study of the ordinary symptoms, the course of diseases, and the effects of remedies, is of all ages. It was unnecessary to remark how much of this we derived from such an authority as Hippocrates. He could not, by any means, be convinced, when he saw his patients with pneumonia improve rapidly after a venesection, that it was not a good mode of treatment. There are checks and balances no doubt, and these too, must be taken into consideration. Within the last few years much of the pneumonia has been successfully treated by antimonials; though this did not prove that venesection was useless, or not sometimes to be preferred.

It would be recollected that the homœopathians laid claim to an alleged influence of their practices, and professed teachings on the medical profession in diminishing the use of bleeding. This unhappy and disgraceful use of science was certainly much to be regretted. Many physicians were, at that time, known not to make excessive use of venesection. Among these were enumerated Dr. William Curry. Dr. Samuel Powel Griffiths, a highly educated man, who graduated at Montpelier and Edinburgh, was always adequately careful on this point; so, also, was Dr. Physick, who embraced a large medical practice in his labors. Dr. Joseph Parrish gained great reputation and much employ by treat-

ing an epidemic fever, believed to have been the same with the present typhoid, without bleeding and with stimulation.

A good deal was formerly said upon certain signs, as a buffy coat upon the blood drawn and the continuance of hardness in the pulse, as motives for repeating venesection. Dr. C. had came to the conclusion, after much examination, that the buffy coat proved nothing in favor of repeated bleeding. This, as is well known, is in accordance with modern chemico-biological conclusions. The frequency of the pulse is often increased by bleeding, and the hardness not diminished. These depend on the action of the heart. Its force may be nearly the same, though, by the loss of blood, the artery is not as much distended as before. Frequently, these symptoms, too, arise from nervous irritation.

Extremes in opinions are very common. A method or remedy is tried, it fails, and immediately the opposite plan is employed. The opposite to wrong is, in this case, rarely *right*, but more commonly another kind of wrong.

The occurrence of changes in the epidemic character of diseases is too well known and familiar to be denied. The Hippocratic explanation of this—"a constitution of the air"—though adopted by Sydenham and so many other great names, cannot be admitted in the present state of science. How can diseases of a district depend upon the air, when this air travels over the surface of the planet at the rate of from ten to sixty miles an hour? The reason adduced by the venerable father of medicine, the real author of so much of what is now our best clinical practice, is that the air was the only natural agent he was acquainted with that acted on large masses of men at the same time. Since the discovery of so many of these—as the electricity and magnetism of the earth, the production of ozone, &c.,—unknown to Hippocrates, who shall say what new powers shall be discovered, or what new relations of these to our physical well-being? There is no objection to classing these, known and unknown, under the head of "telluric influences."

In the growth of Philadelphia and other large cities, much change has occurred, which tends to diminish the vital powers; at the same time, that, as statistics show, the duration of life is prolonged. The air and water are never so pure as in good country situations; the food is not in so perfect a condition; to these must be added the sufferings of poverty, always greater in crowded populations.

Including with this analysis the inevitable change in our own minds from youth to age, the loss of the boldness of enterprise natural to the former period of life, to be replaced by a caution which has not always been censured in the treatment of disease, it appeared to Dr. C. that the difference in the practice of the best physicians, where it was real, could be explained.

Dr. Bell.—If figures always represented facts, we should be obliged, in adopting those of Louis, to admit that blood-letting, even in inflammatory diseases—pneumonia, for example—is productive of no benefit, even if it is not positively detrimental. But, in a question like this, it is extremely difficult to make one series of figures or a single numeral method represent a complex condition of things, a series of phenomena, made up of original constitution, temperament, habits of living, age, sex, climate, season and adventitious states of atmosphere, all of which must be noted down and expressed by numerals, before we can deduce the concrete result. Minute investigations in pathological histology, aided by chemistry and the microscope, have been thought by some observers to furnish arguments against blood-letting, as a means of arresting the structural changes which are believed to occur in, if not actually to constitute, inflammation. Dr. B. is not one of those who would undervalue scientific inquiries, even when their application is not immediately evident; but he does not believe that, in the present case, they have reached that point of maturity which would make them fully available to settle a question of practice. The most extended opposition to the detraction of blood for the cure of disease, is maintained on grounds purely speculative, as by the eclectics—most erroneously so called—and the homœopathists. Homœopathy is a part of German transcendentalism, of that spirit of skepticism and infidel casuistry which has frittered away into unmeaning verbiage the miracles, and with them the sublime doctrines, laid down in Sacred Writ. In the political world, this same spirit has substituted the dreamy abstractions of schoolmen and pedagogues for practical legislation, and allowed liberty to be snatched from its regular representatives in Germany, some years back, when it was within their grasp, and might have been retained by firm, practical hands.

The scarcely interrupted stream of the creed and practice of blood-letting, from Hippocrates down to the present time, can neither be entirely arrested all at once, nor lost in the bogs and quagmires of speculative philosophy. Its persistent use, under opposite and conflicting theories, must be regarded as experimental proof of its utility, and of its meeting indications in diseases which could not be met by other therapeutical means. Fluctuations in the extent to which blood-letting was practiced must, of course, have occurred, if we admit that it, like any other remedy, can only be usefully applied to particular states of disease, and that as these and the diseases themselves vary in the intensity of their symptoms, so must the remedy be at one time used

with boldness, at another with great circumspection, and again withheld altogether. The medical constitution of one year may differ from that which preceded, as well as that which follows it, and the same diseases—at least diseases of the same name and same general characters—will be treated in a correspondingly different manner during these several years.

Reference has been made to a winter epidemic which prevailed in Philadelphia and the adjoining country in 1812–13, and in which, although it bore the common appearances of pulmonic inflammation, blood-letting was found to be injurious. Similar observations were made in other parts of the United States, in proportion as they were placed under this epidemic influence. Dr. Bell well remembers, as if it were a matter of recent occurrence, the great proportionate mortality and alarm which prevailed in the little town of Winchester, Virginia, in which he was at the time, (in the winter of 1814–15,) a student of Medicine. Death in one case, and sickness in others, thinned the ranks of the physicians at the time, and hence Dr. B., stripling as he was, and a student of only eighteen months standing, found himself promoted, almost perforce, to the post of a medical practitioner, and an observer by night as well as by day of the attacks, progress and termination of the epidemic. It was a good clinical school, in which he was suddenly thrust; but with what benefit to the sick is another matter. It was soon noticed that the disease in question, whether ushered in with the symptoms of angina or of pleuro-pneumonia, would not bear venesection or depletion of any kind, and the same observations were made of other diseases at that season. But with a changed medical constitution of the air, when spring had fully set in and summer approached, purgatives were freely used, and even the lancet was occasionally resorted to with advantage. In no class of diseases do we find such variety in the intensity of attack, and in their danger at different periods, as in the eruptive fevers, especially when of epidemic occurrence. Scarlatina, measles, and small pox, too, assume sometimes an inflammatory, sometimes a congestivo, and, at others, a more simple, yet prostrating or nervous and anæmic type. Dr. B. at one time drew blood moderately by venesection, and still more frequently by leeching, in the treatment of many cases of scarlet fever, making this a part of the cooling regimen—cool air, cool drinks, and when the heat of the skin was acrid, the cold bath. The results were quite satisfactory, and Dr. B. began to feel surprise at the terms of dread of the disease uttered by some of the most experienced of his then seniors in the profession. If he indulged in undue self-complacency at the time, this was soon dispelled by subsequent visitations of scarlatina, and he found that the disease, as it then presented itself, was not amenable, as before, to his favorite treatment. It is most probable that his experience in the disease had at first been confined to the milder and less complicated forms of epidemic scarlatina. As illustrative of the different degrees of success with which blood-letting has been practiced in the short period of two years, one year following the other, Dr. Bell referred to his own experience as the attending physician to the Commercial Hospital, in Cincinnati, during the winter half of 1850–1, and the corresponding period of 1851–2. In the first of these two winters he had practiced venesection freely, in diseases both of the thoracic and of abdominal viscera, and with evidently the most satisfactory results. Dysentery, in its early stage and acute form, yielded in a few days to venesection, followed by calomel in a purgative dose, but united with extract of hyoscyamus or half a grain of opium, and then Dover's powder and diluents. The winter was open and mild. In the next corresponding period, in that of 1851–2, Dr. B. soon saw that there was not the same call for the lancet as in the winter of 1850–1, even in apparently the same diseases, and it was accordingly used with considerable reserve. This was a very cold winter.

While we have the most imposing medical sanction for blood-letting in acute phlegmasiæ in the early stage of fevers, complicated with inflammation of an important organ, we are admonished to abstain from the remedy where these indications do not exist, and also where symptoms of debility and great nervous disturbance—asthenia and ataxia—prevail. It cannot, however, have escaped from the reminiscences of an observing and experienced physician, that in various chronic diseases, in which there are congestion and infarction of a viscus, short of actual inflammation, blood-letting, to a moderate extent, gives decided relief, and predisposes the organism to be favorably impressed by the operation of other remedies, such as purgatives and tonics, which had previously produced little or no effect. Encouraged by salutary results of this nature, in an obstinate case of intermittent fever, in Virginia, in the fall of the year already mentioned, and in which Dr. B., after reading Senac, bled his patient, he has at different times pursued the same practice, and met with the same success. During the first few years after his appointment as one of the physicians of the Philadelphia Dispensary, or in 1822, '23 and '24, he was called upon to treat a large number of cases of periodical fever, varying in violence from the simple quotidian to the malignant congestive. In some of these, which had proved intractable to bark and quinine, Dr. B. directed venesection, and the result was an entire

cessation of the paroxysm, and a subsequent cure under the renewed use of the antiperiodics just mentioned. There were, every now and then, difficult, if not anomalous cases of diseases, in which precedents fail to help us in the treatment, and in which we are consequently obliged, rather than remain passive spectators of the sufferings of a fellow creature who calls on us for relief, to make trials, and to ascertain, among the remedies that we employ under these circumstances, which belong to the *juvantia*, and which to the *ledœntia*, and make our selection accordingly. On an occasion like this, few will hesitate to have recourse to drugs of great, and in full doses of poisonous activity, while perhaps, a large majority will regard as hazardous a resort to blood-letting; and yet, if we institute a fair comparison of effects, based on physiology and pathology, we shall have less to fear from the simple abstraction of a few ounces of blood, the loss of which may be promptly repaired, than from inflammatory or highly irritative action of a portion of the gastro-intestinal surface and derangement of the nervous system, and even toxical changes in the blood itself, following the trial of powerful drugs—arsenic and the narcotico-acrids for example. In some cases of advanced typhus and also of typhoid fever, Dr. B. has tried with curative effect the detraction of two or three ounces of blood at a time. He remembers very distinctly the good effects of this treatment in two cases, one of them of a very poor woman with typhus fever, in which he was called into consultation several years ago by Dr. Henry, whose absence this evening by sickness we have to regret.

Every practitioner of medicine, of the commonest sensibility must feel disposed, after the fatal termination of a case, to review the treatment, and to ask himself whether a particular line of practice was not carried too far, or, on the other hand whether a remedy was withheld or not repeated with proper frequency, and in sufficiently full doses. In revisions of this nature, Dr. B has felt fewer misgivings at having been too free in the use of the lancet and auxiliary means of bloodletting—than at not having carried it far enough, or than he has felt at having administered other remedies.

In reasoning on the causes of the less frequent use of bloodletting of late years, or we might say, within the last quarter of a century, in our own city, we must take into account the enfeebling influences which arise from the crowded population of large cities, and which go on increasing with the business and refinements of civic life. The inhabitants of a city are, on this account, less vigorous in frame, less elastic in constitution, and are less able to bear losses of blood, whether these occur from wounds or in operations, than the more robust and enduring inhabitants of the country. An observation of this kind was made a century ago by Fordyce in reference to the citizens of London. It is equally applicable to the inhabitants of Philadelphia, and of the other large and rapidly increasing cities of our own country.

Dr. Hamilton coincided in the views of Dr. Condie as to the practice to be pursued in cases requiring blood-letting, avoiding, as Dr. C. had done, extremes, nearly always erroneous.

In reference to the causes which had contributed to produce a change of practice in bloodletting, Thompsonism and Homœopathy have doubtless had some share; not so much here as in various sections of the country. Previous to the advent of the latter, the former had gained a footing in many places, and the people of these sections of country were so imbued with its fallacious teachings, as to be hostile to venesection on nearly all occasions. Of this Dr. H. had incidence in a country practice, of more than ten years, on the borders of one of these infected regions.

A more immediate cause as remarked by Dr. Condie, was the gradual change in disease, (perhaps since the cholera season of 1832) from a greater, to a less sthenic character. This was more evident in the country than in the city. It was a remark of the elder Dr. Parrish whilst Dr. H. was a student, that acute disease developes itself more actively in country than in town as his numerous consultations at a distance from the city had clearly proven. The experience of Dr. H. was in accordance with this, yet he had observed a great change in disease in comparing say the first three years of his country practice with the last three as an example—the fever of the former period, of high vascular excitement, (bilious remittent) supplanted in the latter period by fever of a typhoid character. But another and perhaps still more potent cause of the change in practice as regards venesection, was to be found in a more advanced pathology, especially of the nervous system. Formerly too little attention was given to the part played by this system in *acute* disease, and in cases of high vascular action, the lancet was *generally* resorted to with a view either to subdue supposed inflammation, or at least to remove the tendency to phlogosis. Practice in such cases is now advantageously modified, as Dr. H. instanced in supposing the case of a child two or three years of age, suddenly attacked with high fever, very active frequent pulse, great heat of skin, excessive irritation of sensorium, simulating inflammation and threatening convulsion, &c. Here we often rightly suspicion or know the cause to be a stomach or bowel loaded with undigested and indigestible food, and although we may prudentially use the lancet or leeches, yet we generally remove these unplea-

sant symptoms by emesis or purgation. This is a case of cerebral and nervous irritation, from whose influence the heart and vascular system cannot escape—but not a case of inflammation. Even when inflammation does exist, as in dysentery, and that too of a violent character, as evinced by high vascular action, excessive tenderness of abdomen, pain and tenesmus, as is most frequently seen in the country, Dr. H. had found that without any, or perhaps with one venesection, full doses of sedatives, as for example, Dover's powder, were the most useful in allaying excessive irritation, and with it pain, inflammation and fever—even in cases where much delirium existed, as nearly always happened in such attacks. Still, the efficacy of a timely and judicious use of the lancet in *purely* inflammatory cases of disease could not be controverted. Dr. H. noticed pleuritis uncomplicated, as an instance, and whilst he confessed to have seen in a very few cases an actual increase of pain while the blood was flowing, he had found the reverse to happen in nine out of ten cases, when the operation was performed at the proper time. That physicians had gone to the other extreme in the use of the lancet, as compared with former years, was the conviction of Dr. H., and whilst a case or two may have occurred in his own practice where doubt afterwards arose as to its utility or effect, many cases have happened where the disposition was to regret that this remedial means had not been more promptly or more fully employed.

Dr. Gebhard's experience has always been in favor of blood-letting in inflammatory diseases, he had regretted only that he had not more frequently resorted to it. He related the case of a child with fever and violent delirium, attended with an irritating cough, sick stomach, and tenderness about the epigastrium, indicating an inflamed state of the lower parts of the lungs, diaphragm and stomach. He purged freely, yet without benefit, but as soon as he had taken but six ounces of blood, the patient was much relieved, and shortly after was convalescent.

Everything depends on the state of the system, and the time at which venesection has been employed. It is always safe if the pulse is active, &c.

Dr. Nebinger regarded bloodletting with much favor, and ranked it among the most efficient of the remedies which are used in combatting certain forms of disease. Thus regarding bloodletting, although he classed himself among "the young practitioners," he felt no hesitation in declaring that he had used the lancet more "than once a year." Yet he would say, bloodletting in many cases requires as much, if not more careful investigation and deliberation in determining for or against its use, than any other active and powerful therapeutical agent with which he is familiar. He has, as no doubt others have, who practice bloodletting, met frequently with cases in which, while conditions presented, pointing to bloodletting for relief, other conditions have also been present, which, if they did not negative bloodletting, made its use of doubtful utility, and required that if its practice be determined upon, that it should be pursued tentatively—cautiously. These, perhaps, are the kind of cases in which the hasty use of the lancet has proved pernicious, and brought discredit upon the abstraction of blood. While he would say this in relation to the doubtful cases, he would remark that he could not call up a single case in which, where he regarded the condition of the patient such as to indicate fully and unquestionably the practice of bloodletting, any injury had followed from its use, whilst in his memory there lived as freshly as the events of yesterday, numerous cases, in which he was confident that the wisdom of bloodletting was demonstrated by the comforting, mitigating, and sometimes the curative results, which came, as a sequence of its practice. Always regarding bloodletting as a most powerful positive, and often times efficient remedy in the management of disease, he has been in the habit of practising it with great care, but not with timidity, he has practiced it with great care because of its very positiveness in influencing the system. It is from this quality that it is as competent, when incautiously employed, to be as potent, for evil, as when cautiously used, it is powerful for good. Bloodletting, unfortunately, like many other good and useful things, has been sadly, in its use, abused. It has been empirically, unwisely practised, and from this abuse and empiricism, odium has fallen upon it. If bloodletting shall be rejected, because of the injury which has followed in the wake of its unguarded and incautious use, which of our most active and efficient remedies, if tried by the same test, will not also be rejected, for which of them has not, from empirical and careless use, been prejudicial to the interests of the sick?

Dr. N. said, there were some forms of disease in which he felt, that the efficiency of his management of the case largely depended upon the use of bloodletting. In pneumonia, for example, he practised blood-letting both general and local; yet he did not do so in every case which came under his care. He did not practice it because it was pneumonia, he only did so when he found the indications present, which in his judgment, pointed to its use, and this was not in the majority of cases which he met. In illustration, he would say, that he has now in his care a man who is convalescing from an attack of pneumonia. A few hours, say six or eight, after the individual referred to, had been stricken down, Dr. N. visited him, when he reported to the Dr., that he had a chill, which continued for more than an

hour, that it was followed with the violent pain in his chest, pain in his head, back and limbs, with which he was then suffering. He had some cough accompanied with slight expectoration of mucus tinged with blood, his face was flushed, his expression of countenance anxious, his pulse small and quick, his respiration short and painful, and his whole body and face were bathed in a copious flow of perspiration. The man was young, of finely developed body, inured to toil in the open air, and had never, in his recollection, been seriously sick before. This was a case of well-marked pneumonia. It was most violent and threatening. Compromising the life of the patient. Nearly the entire right lung was involved in the inflammatory action. If, in any case of pneumonia, merely because it was an inflammation, blood-letting was indicated, this certainly was such a case, yet in it Dr. N. said he did not see a single condition, pointing to the necessity for abstracting blood, consequently, in the treatment of the case he did not practice bloodletting, but pursued a course suggested by the symptoms of the case, and by which, as has already been remarked, the man is now convalescent. If, said Dr. N., I had bled that man, or abstracted blood from him in any other manner, his case would, in all probability, have terminated fatally. In contrast with this case, Dr. N. remarked, that he would place that of a lad, of about 13 years old, who is now convalescent from an attack of pleuro-pneumonia. This lad was of good constitutional habits. He had had a slight rigor, and complained of pain in his head and back, and of a severe stitch in his left side, had slight cough, and expectoration of blood-stained mucus. His pulse was quick and full, his skin hot and dry, his cheeks flushed, much fever and some delirium This case presented vastly different phenomena from those which had manifested themselves in the adult patient already spoken of. In the lad the reaction was complete, his skin was hot and dry, his pulse was full, all of which conditions were absent in the other patient. Regarding the indications present as pointing to the use of the lancet, he bled the boy, and bled him freely, and with benefit, as he felt assured, that the bleeding had much to do in conducting his patient safely through his pleuro-pneumonia. Dr. N. said, that he had cited these two cases, not because there was any novelty in them, but because they were cases of pneumonia which had sprang up in individuals of vigorous constitutions, differing vastly in the impressions made upon the system of each patient, and this difference given rise to the different phenomena by which alone the treatment could be wisely and safely determined—the one requiring blood-letting for relief and safety—the other demanding its non-employment for the same good objects. Not to have used the lancet in the instance of the lad, would have been as prejudicial to his interests, as its use would have been disastrous to the adult patient. And yet, as has too often been the case, if these two cases had been treated by names and not by symptoms—if, without discrimination, blood-letting had been practiced in both instances—or it had not been used, because, as in substance is asserted by those who oppose the practice of blood-letting—"the blood is the life of the flesh," and the removal of any amount of it is the abstraction of so much vitality, Dr. N. felt confident that the best results under either circumstance would not have followed. It has been enough for some, he would not say that it is so to-day, but the day has been when it was sufficient for the physician to know that his patient was suffering with an inflammatory disease, a pneumonia, a bronchitis, a pleuritis, a croup, a meningitis, a fever, an arterial excitement arising from any cause, to fix him in his determination to practice bloodletting, thus empirically treating diseases by names, and not rationally, by symptoms and conditions—and as a result of such abuse of blood-letting, bringing odium upon it. Who of us have not practiced blood-letting in some form in croup, and as we have thought, with benefit to the little sufferer? Yet there is in this disease but a very brief period when blood can be abstracted with any hope of relief, mitigation, or cure. If blood-letting be practised during the formative or inflammatory stage, it, under some circumstances, will prove advantageous, but if its use be deferred until the membraneous deposit shall have taken place, then will blood-letting, so far from proving beneficial, be pernicious, and hasten the death of the patient. Blood-letting in certain forms of bronchitis, meningitis, and cerebritis, will prove useful if had recourse to early, but if practised late its results may be disastrous. In infantile convulsions, resulting from congestion of the brain and its meninges, Dr. N. said he did not know of any treatment which would compare with free, copious and decided blood-letting—blood-letting with the lancet. He regards it of all remedies "the mightiest of the mighty," nevertheless, to be useful it must be practiced early—immediately after the development of the congestion, but if its use be postponed, as he had painfully witnessed, until effusion has taken place, what other result could the thoughtful and careful physician expect to follow than the aggravation of the condition of the patient. Practiced early, it will be useful; practiced late, it will be hurtful. Its use in the first instance will be scientific, in the other, empirical. Without the lancet and its equivalents, Dr. N. said, he would feel in his conflict with certain forms of disease, almost as unarmed and as unfitted for the strife, as the soldier

upon the field of battle would be, deprived of his musket or his sabre. Notwithstanding this, his high estimation of the importance of the lancet and its equivalents, he was ready to declare that its use had been much, very much abused, and while he was ready to declare this, he was also ready to affirm his conviction that while members of the profession were justly anxious to escape the opprobrium of its excessive use, some of us were fast drifting in the other direction, and there were good grounds for fear lest evil would arise from not using the lancet often enough. In reference to the excessive use of bloodletting, Dr. N. said, his memory carried him back to a period when there was scarcely a disease in which blood-letting was not practiced—yea, he knew that it was even used as a preventive of disease. So extensive was its practice, that it was even calculated to suggest the idea, that it was regarded not as a remedy alone, but a system in the management of diseases; all other agents being but adjuncts, blood-letting the cure. In very truth, he thought that some of the senior members could recollect when some physicians, (isolated instances to be sure,) recommended blood-letting to be practised by the healthy, every spring, for the purpose of preventing disease, and it is in his own recollection, when nearly every pregnant woman, no matter what her general condition, was directed to be bled in the latter months of her pregnancy. It was enough to know, that the woman was pregnant to cause the lancet to be plunged into her vein. Yet, while we are willing to acknowledge this as an abuse of blood-letting, who of us will not discriminate, and while we will give tonics to the feeble, anæmic, pregnant woman, will refuse to abstract a few ounces of blood from the plethoric, full habited, she who complains of oppressed breathing, aching head, and throbbing temples, and by that abstraction of blood, together with a little auxiliary treatment, prevent in her the development of puerperal convulsions. A better time has dawned, blood-letting is lesser practised now than it was half a century ago. It is more wisely practiced now, he thought, than it was then. This less degree of the use of blood-letting, he was not disposed to attribute to the change in the type of diseases, or change in the constitution of patients, giving these, however, their due weight, he was more disposed to attribute the limited use of blood-letting to the more accurate and extended knowledge of pathology—the more positive knowledge of the modus operandi of therapeutical agents, possessed by the profession of to-day, beyond that, which was in the keeping of those of the profession whom we call our immediate predecessors, and who, having worthily finished up their work of labor and of love, and having laid down to rest, invited us to continue and improve the grand and humane system, which was so kindly, and with so much dignity and wisdom pursued by them.

The hour being late, it was, on motion, agreed to continue the subject to another meeting.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

Re-vaccination.—M. Marinus, from a mass of statistics, comes to the following conclusions: 1. That the preservative power of vaccination is of true efficacy during the first ten years, and then goes on diminishing to the twenty-fifth or thirtieth year. 2. That the same law applies with respect to the preservation from variola by a first attack of this: and, 3. That the receptivity for a second vaccination is never greater than between the tenth and thirty fifth year after the first, this being the period when re-vaccination has best succeeded, both in those who have been previously vaccinated, and in those who have had variola. This is then the period during which its performance is essential; and after this epoch of life has been passed, although re-vaccination may still prove useful, it need not be too warmly recommended.—*Bulletin de l'Acad. de Med. de Bely.*

Extraction of Metallic Foreign Bodies when Implanted in the Tissues.—These when small, as in the case of needles, fragments of needles, etc., which have entered the hand or foot, are sometimes extracted with great difficulty, the object, when deeply placed slipping away from the forceps. In some cases, notwithstanding prolonged attempts, the object, although it can be plainly enough felt, gets thrust in deeper and deeper, a circumstance even of some danger when the pointed foreign body happens to be placed near a joint. In such a case M. Robert recently pursued the following procedure: A tenaculum was passed into the skin above the point where the foreign body was situated, and the integuments thus raised, were incised horizontally so as to form a small flap, by means of which every access was given for the performance of extraction, which was executed without exerting any pressure on the body. After the extraction the little flap was reapplied, and maintained by adhesive plaster.—*Bulletin de Thérap.*

Preservation of Bodies for Anatomical Purposes.—Professor Budge has found that bodies may be admiraby preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligneous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept during eight weeks of intense summer heat, without giving rise to any putrefactive smell, the muscles retaining their red color, and though a little softened, admitting of good dissection. The injection does not prevent the subsequent injection of colored matters; and the knives used in dissection scarcely suffer at all.—*Virchow's Archiv.*

Fracture of the Skull in Natural Parturition.—M. Lizé mentions, in *L'Union Medicale*, a very interesting case of a young woman, aged twenty-four, who was three days in labor, and who was delivered without instruments, after great efforts on her part. The child was dead, and the parietal bone on the left side fractured.

Successful treatment of Gonorrhœa and Gleet without Copaiba. By WEEDEN COOKE.—After referring to Sir. Astley Cooper's method of treating gonorrhœa, the author stated his belief that he was only giving utterance to a largely acknowledged experience when he ventured to affirm that copaiba, in the treatment of gonorrhœa, was not only unnecessary, but that it was, in a great many instances, injurious, and that in all it was offensive to the last degree. During the last fifteen years at least 6,000 cases of gonorrhœa had come under the author's care at the Royal Free Hospital, and he had availed himself of these large opportunities to test all the methods of treatment which had been suggested in order to arrive at the safest, quickest, most efficacious, and least disagreeable mode of curing this disease. As introductory to the subject of treatment, Mr. Cooke discussed the subject of the cause of chordee, the reason for the scalding of the urine, the distinction between true and spurious gonorrhœa, and the time when infection may or may not be apprehended. The conclusions he arrived at were—

1st. That chordee, in ninety-nine cases out of a hundred, was due to spasm, and not to effusion of lymph; and that cubebs, acting as an antispasmodic, formed the most efficacious remedy for this symptom.

2dly. That the scalding was the result of the acid urine passing over the highly inflamed mucous surface of the urethra; and that this was to be remedied by the administration of the alkaline carbonates for the purpose of neutralizing the acidity of the urine, thus removing the principal cause of the continuance of the inflammation.

3rdly. That, in all disputed cases, the true gonorrhœa may be known from the spurious by the presence of redness, heat, pain, and swelling, together with a purulent discharge, more or less green and offensive; whilst a discharged produced by connexion with a person who has leucorrhœa, or has recently been confined, will not be accompanied with these inflammatory signs. and the discharge will be milky in consistence and color, differing much from the thick purulent discharge of the veritable gonorrhœa.

4thly. The time when infection may or may not be apprehended was discussed in its incubative stage, and at its close. A case was given, showing that the disease may be caught from one person, and not communicated to another two nights after, because the purulent discharge had not commenced at the time of the second intercourse. Respecting infection at the close of the disease, the author had been enabled, from experiene, to establish as a law for his own guidance, that gleet—i. e., a mucous discharge from the urethra, consequent on gonorrhœa—does not set up gonorrhœa in another person; but that, whilst any pus is to be found in the discharge, there is probability of infection.

Passing on to the subject of treatment, Mr. Cooke said that, upon inquiry at the London Custom House, he found that 118,396 pounds of copaiba were admitted into the Port of London only, during the first ten months of the year 1859. If this be administered at the rate of half a drachm three times a day, and supposing each patient takes it for three weeks, we have here copaiba enough to treat 473,584, or close upon half a million persons, and that in ten months only of the year. Considering how often it fails to cure the disease; how frequently it is rejected by, or at any rate disorders, the stomach; how tell-tale and disagreeable is its odor from the mouth and skin; how occasionally it produces a papular eruption all over the body; and that, in many instances, swelled testicle and stricture may be traced to its irritating influence, while gonorrhœa, rheumatism, and ophthalmia have been attributed to its administration: "considering all these

objections," the author remarked, "is it not extraordinary that this disgusting medicine continues so long to hold its ground?" The abortive treatment by strong injections of nitrate of silver had proved a failure because in some instances inflammation of the bladder had resulted. The treatment by diluents was slow in its action, and not readily employed by persons engaged in active business. That by diuretics was scarcely more successful; whilst the administration of saline aperients was generally attended with an aggravation of the ardor urine as well as chordee. The treatment which had been most successful in the author's experience was the chemical treatment by the alkaline carbonates, given with a view of neutralizing the acid in the urine. Thus one great source of irritation was removed from the inflamed urethra, and the subsidence of the inflammation, which nature would effect, was allowed to take place. As auxillaries, especially when there is œdema of the prepuce, lead lotions, and elevation of the penis against the abdomen, were commended. The inflammation having subsided, and a mucopurulent discharge being left, the anthor had found, after giving trial to all the injections which have been at any time in vogue, that the chloride of zinc, introduced into this branch of practice by Mr. Lloyd, of St. Bartholomew's, was the most efficacious of any in curing the disease, and that with less discomfort and in a much shorter time than by any other means. Since employing this treatment he had had little, if any, orchitis among his patients. The strength of the injection he most commonly employed was two grains to the ounce, but in some instances one grain to the ounce was sufficient. Whilst advocating this treatmeut in persons of healthy constitutions, it was necessary to completely change it in others. In the strumous, in the dyspeptic, in those of dissipated habits, and where the diseased person is an old offender, the alkaline carbonates are not called for, because either the urine is not acid or the inflammation does not run high. In such cases the tincture of iron, or sulphuric acid and bark, or gentian, or calumba, may be advantageously employed from the commencement; and the chloride of zinc injection in these cases is almost of the utmost value in rapidly overcoming the disease.

Respecting diet, the author considered that after the subsidence of the inflammatory symptoms scarcely any restriction need be enforced, and that beer or wine in moderate quantities may be advantageously used by those who are accustomed to these beverages. He had found long established cases of gleet yield readily to the chloride of zinc injection, accompanied with tonic treatment and generous living.

In conclusion, he would rejoice if the treatment he had found so serviceable should be followed out by others, and thus assist in banishing altogether from surgical practice the use of so nauseous a drug as copaiba.

A Queer Conclusion.—The physician of the Bicêtre, M. Moreau, in his famous work just published, tells us, among many other strange things, this one:—"The organic conditions most favorable for the development of the faculties are those which give origin to delirium. Transcendental capacities, or intellectual aptitudes, derive their origin from an extra-physiological condition of the organs of thought, and from this point of view we may consider genius as a neurosis. The axiom of 'a sane mind in a sane body' is false. The deterioration of the physical man is a condition of the perfection of the moral man. The human intelligence is never nearer to its fall than when it is elevated to its highest grandeur. The cause of its fall are also the causes of its grandeur" Again he asserts:—"Most individuals endowed with a superior intellect, or even merely placed above the common level of intelligence, reckon among their ancestors and members of their family, lunatics, etc."

A fractured Femur united at a right-angle.—Was exhibited at a recent meeting of the Pathological Society of London It had been removed from an aged female subject in the dissecting room. The history of the case was unknown, but it was supposed to be from an intractable and probably imbecile patient.

The fracture had taken place about three inches below the great trochanter, and the whole bone was fragile and filled with fatty matter.

Unguentum Glycerini—Under this title Professor Simon, of Berlin, describes an ointment forming a most excellent excipient, composed of five parts of glycerine and one part of amylum. It forms a smooth butter-like substance, free of all smell, exciting no chemical action, and unaffected by temperature. It is to be preferred to similar substances: 1. For its elegance, its freedom from repulsive odor, and its not exciting erythema in irritable skins. 2. It can be kept in large

quantities without undergoing change, even when chemically combined with other bodies. 3. Extracts and soluble salts may not merely be mechanically mixed with it, but may be held in a dissolved condition, the absorption being thus much facilitated. 4. As its consistence remains unchanged, it does not extend beyond the parts to which it is applied. 5. It can be removed with great facility.—*Verges' Zeitschrift.*

Ossification of the Bones of the Cranium.—"The external table of the cranium," says M. Flourens, "is formed by the external periosteum, and we may consider the dura mater as the internal periosteum, which gives rise to the internal table. This, however, is not quite correct, and may lead to confusion; for, in reality, there are three periostea; two external, one of which is extra-cranial, and the other intra-cranial (the dura mater); the third, which is really the internal one, is the periosteum of the diploe, and lines the cells of the diploe. Skillful surgeons have said that holes in the cranium are closed by the thinning and prolongation of the bones which surround them. This is a mistake; the bones are never prolonged; and it is, in fact, the periosteum of of the diploe which gradually ossifying as it reaches towards the centre of the hole, gives this appearance, and leads to the idea of the lengthening of the bones."

An Operation for Cancer Two Hundred Years Ago.—Two hundred years ago, in the diary of the Reverend John Ward, of Stratford-on-Avon, we read of "a cancer in Mrs. Townsend's breast, at Alverston, taken off by two surgeons. First they cutt the skin cross, and layed it back. Then they workt their hands in ytt, one above and the other below, and so till their hands met. They had their needles and waxt thread ready, and also their cauterising irons, but did not use them. She lost six ounces of blood in all. Dr. Needham said it was a malliceris, not a perfect cancer. They cutt off first one bitt and then another, and putt in a glass of wine and some lint, and so let itt alone to the next day; then opened itt again, and injected myrrh, aloes, and such things as rejected putrefaction, and so bound it up again." In the very next page we find that Mrs. Townsend, "being dead of a cancer," was opened, and her breast found "very cancerous!"—*Med. Times and Gaz.*

Reviews and Book Notices.

A Guide to the Practical Study of Diseases of the Eye; with an Outline of their Medical and Operative Treatment. By JAMES DIXON, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, etc. From the second London edition. Philadelphia; Lindsay & Blakiston, 1860. pp. 425.

This is a compendium of ophthalmic science and art. It is ophthalmology up to its present development, divested of collateral and non-practical matters which encumber the large monographs.

Dr. Dixon is one of the most experienced eye surgeons in the world, and this little volume confirms our impressions of his systematic, precise and practical mind. Within such a limited space there is not, in the language, such an amount of information on the important subjects which it so clearly teaches.

Yet the book is wanting in what is at the present time considered an element in such teaching; it is not illustrated, with the trifling exceptions of a few cuts illustrative of cases in the appendix, and a single plate representing ophthalmic instruments. In regard to this apparent deficiency, the author remarks that such illustrations should be of an "elaborateness of finish, which, if properly directed, and based on correct drawing, cannot be carried too far," and that "a series of drawings executed in such a style of art as the subject requires, would have wholly altered the scope and character of the book." He properly chooses, therefore, not to mislead by attempting to illustrate, by ordinary means, morbid conditions which can only be truthfully shown by the most highly finished and costly drawing and coloring.

The work will be useful to the student as a "guide," as it simply proposes to be, and convenient to the busy general practitioner who wishes, without much plodding, to be informed as to the progress of eye surgery.

The profession are indebted to Lindsay & Blakiston for this, as well as many other well selected reprints.

Lord Clyde, in an order of the day, gives a severe rebuke to the medical men in India for neglecting their duty in not protesting angainst carelessness in the supply of medical *materiel*, he having ascertained that the supply of quinine was in several cases entirely exhausted.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 10, 1860.

VILLAGE CLINICS.

The prominent place which we always assign in our columns to the reports of clinical teaching in the hospitals and amphitheatres of the medical colleges of Philadelphia, is a proof of the importance which we attach to this branch of medical education. It is one that can be prosecuted to the greatest advantage in populous cities, as they furnish, continually, and in large numbers, examples of every variety of disease, and, at the same time, practiced observers and expounders of its symptoms and progress, and guides in its treatment. Bnt merely to see the sick, and to go through a dull routine of common-place inquiry afford very little instruction to the student. Feeling the pulse and looking at the tongue and inquiring whether the patient suffers from pain, are of small amount in the way of diagnosis, unless the inquirer has learned the symptomatic characters depending on the varied states of the tongue, and the circumstances under which they appear; as also, of what the pulse is a representative, and the causes of its fluctuating frequency and force in the same disease, and from the same organic lesion. So with pain—to determine whether it is primary or sympathetic, inflammatory or neuralgic.

It needs but a slight acquaintance with hospital clinics to discover, that a knowledge of disease is not dependent so much on the crowd of patients presented to our observation, as on a thoroughness of investigation of a limited number of cases. Some of the most instructive and celebrated clinical wards in the hospitals on the continent of Europe, consist of not more than twenty to thirty beds. The inference we desire to reach from this view of clinical instruction is, that, although large cities have greater facilities for its being carried on, yet smaller towns, and even villages are not destitute of means for attaining this object. Every poor-house might be made a school for clinical learning and instruction—limited, indeed, in its range, but not the less positive and valuable within this range. Here might the students in the offices of the different practitioners of the place learn the art of diagnosis, without a thorough knowledge of which the treatment of disease is purely empirical and conjectural. Here would they learn how to examine a patient, and ascertain the value of both the vital and the physical symptoms; those furnished by physiological changes, and those by mechanical ones. Here they might familiarize themselves with the means of physical diagnosis, as furnished by pulpation, percussion and ausculation; and take their first lesson in animal chemistry, by testing the urine and some of the other excretions in disease. They need not be discouraged at their seeing so small a number of acute cases. A single case of remittent, or of typhoid fever, or of pneumonia, or acute rheumatism, thoroughly studied, will be more available for future purposes, viz: bedside practice, in after life, than hundreds of patients seen in walking through the wards of a hospital, out of hearing of the prescribing physician or professor. The student has time, on his return to the office of his preceptor or to his own home, to read on the disease, a case of which he has just seen and examined; and by comparing the description of the author with his own observation he forms a picture which will be indelibly imprinted on his memory, and which he can reproduce to his mind's eye when he shall be called himself to treat a similar case.

Chronic cases, which the most abound in poor-houses, are also full of instruction. They can be studied at leisure and without unnecessarily fatiguing the patient—they will furnish materials for the natural history of disease, and teach how far art has been capable of checking or modifying disease, even when powerless to arrest it. The subject is a fertile one. At the moment, we only look at it in its relations to the student of medicine. Its bearing on the practitioner and preceptor will be noticed at an early day. The reciprocal duties and obligations of the preceptor and the student merit investigation, as important in themselves and equally so in reference to the endeavors made by the American Medical Association to establish a standard for medical education.

"SAVE ME FROM MY FRIENDS!"

The profession of New York who care anything about the interests of medical teaching in that city, should appoint a committee of elders to labor with some of their medical editorial corps, whose exceedingly narrow, selfish and injudicious course, is tending to disgust the profession of the country with the very name of medical teaching, as connected with New York. If the New York schools continue to flourish under the burden of some of their "friends" and "advocates," it will be the best evidence that can be given, of strength and vigor! The schools deserve the sympathy of the country under their infliction, and we hope they will receive it! The interests of medical teaching in New York, are too important to be committed to the keeping of such friends.

The following is the effect of one very ungenerous effort to advance New York interests, by misrepresenting an affair of recent occurrence in this city. A correspondent writes as follows: "In the *New York Medical Press*, of February 18th, I notice an editorial under the caption of 'The Deserted Village,' which is a disgrace to medical journalism. The language of the article, and the spirit manifested by it, are such as we look for in the billingsgate of third rate newspapers. I blush for my native state, and the city in which I received my medical education, to think that our profession there sustains a journal which so degrades its dignity. Be assured that it can do you [Philadelphia] no harm, as little indeed, as it does good to the profession. * * *."

We might quote from other correspondents who have written to us in the same strain, but the above will suffice to show the effects of a course which, for the interests of New York teaching and the credit of New York medical journalism, we hope will be abandoned at once.

OLD PAPERS AND RECORDS OF THE MEDICAL SOCIETY OF NEW JERSEY.

Dr. Lewis Condict, of Morristown, N. J., who is probably the oldest physician in this country who continues to take an active interest in the progress of medicine, (being a graduate from the University of Pennsylvania of the class of 1794!) writes us in reference to the old papers and records of the Medical Society of New Jersey. Those papers were placed in the hands of Dr. Joseph Parrish while he was editor of the REPORTER, that he might select any from them that, in his judgment, were of sufficient general interest to warrant their publication. They are now all in the possession of Dr. Wm. Pierson, Sr., of Orange, the Recording Secretary of the Society. *All the old records of the society ought to be bound and carefully preserved.*

MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

The Annual Commencement of this College was held in Musical Fund Hall on the 3d inst. The hall was filled by an audience who took a lively interest in the proceedings. Rev. H. L. Baugher, D. D., President of the parent institution, conferred the degree of Doctor of Medicine on thirty-eight young gentlemen.

The valedictory address was delivered by Dr. William H. Gobrecht, Professor of Anatomy. The exercises were enlivened by the excellent music of the Germania Orchestra.

We are very glad to see that, under its new faculty, this institution fully maintains its former rank among the medical schools of this city. The prospects for the future are brighter than ever. Its talented and energetic faculty deserve all the success which is crowning their labors.

Irregularity of the Mails.—Never, in our editorial career, have we encountered so much irregularity in the postal arrangements of the country, as within the past few months. We have received many letters from subscribers, complaining that they do not receive their numbers, and can assure them that the fault is not in our office, as the REPORTER is regularly mailed here. Now that the wheels of government have received the golden application of an "appropriation," it is to be hoped

that there will be less cause of complaint hereafter.

Subscribers who have not received all their numbers, will oblige by letting us know what ones are missing, and we will supply them.

TO SUBSCRIBERS.

In consequence of an accident, by which we were deprived of the services, for several weeks, of a person who understood the routine of business at our publication office, no notices have been sent to those whose subscriptions have been running out since about the middle of December. In the meantime, the REPORTER has been regularly mailed to all. Most of those whose payments expired with the close of last year, have renewed their subscriptions without the notices. Those who have not will receive bills in this number; and those whose subscriptions have very recently expired, or will soon expire, will receive notices to that effect. A reasonable time will be allowed for a response to these bills and notices, after which we shall discontinue sending to those who do not comply with our terms.

THE AMERICAN MEDICAL ASSOCIATION

Will hold its thirteenth annual meeting, at New Haven, on the *first Tuesday of June*, 1860.

The Secretaries of local societies, colleges, and hospitals, are requested to forward to the undersigned the names of delegates, as soon as they are appointed.

STEPHEN G. HUBBARD, M. D.,
Secretary.

New Haven, Ct.

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Copaiba.—Mr. W. Cooke says in the *Medical Times and Gazette*, that upon inquiry at the London Custom House, he finds that one hundred and eighteen thousand three hundred and ninety-six pounds of copaiba were admitted to the port of London during the first ten months' of the year 1859. If this be administered at the rate of half a drachm three times a day, and supposing each patient takes it for three weeks, we have here copaiba enough to treat four hundred and seventy-three thousand five hundred and eighty-four, or close upon half a million of persons, and that in ten months only of the year.

Correspondence.

BELLADONNA AS AN ANTIGALACTIC.

EDITORS OF THE REPORTER: I have seen, in two late numbers of the MEDICAL AND SURGICAL REPORTER, some communications, under the above heading, in which the specific properties of the extract of belladonna seem to be set forth as a powerful and sure preventive to the formation of the mammary abscess in certain cases of females recently confined. I have attentively perused the details of the cases given in support of the line of practice advocated under such circumstances, and am truly sorry to say that my experience of the remedy, so strongly recommended, does not at all coincide with that of the gentlemen to whose communications I have alluded. I have lately employed the extract under circumstances the most favorable for ensuring it a fair trial, and in six cases of this description, I have found it utterly worse than useless, for its employment retarded, or rather placed in abeyance, the usual course of promoting and hastening suppuration, which, after all, is, I believe, in the end, the quickest and safest mode of safely conducting a patient through these truly painful and most troublesome affections. Such, at least, is my experience after an active practice of seven and twenty years in this and other countries.

I would not, however, trouble you or your readers with these few observations, except with the hope of eliciting the opinions and experience of other physicians, whose attention may have been attracted to this most important subject.

Very truly yours, &c.,
JOHN FLYNN, M. R. C. S. L.

16 North 19th street, Philad'a, Feb. 13, 1860.

Items and Miscellany.

The Annual Commencement of the Medical Department of Pennsylvania College was held on Saturday last, the 3d inst. The degree was conferred on a graduating class of thirty-seven.

The valedictory, by Professor W. H. Gobrecht, was a spirited and appropriate address, presenting exertion as the only road to professional eminence.

Dwarfs.—Three remarkable dwarfs are now being exhibited in Paris. One is nineteen years old, and measures thirty inches in height; the second is twenty-five, and measures thirty-one inches in height; and the third is twenty-five, and measures thirty-five inches in height. They are respectively of Italian, Austrian and Hungarian origin.

The San Francisco Medical Press, is the title of a quarterly medical journal just issued on the other side of this continent. The editor is Dr. E. S. Cooper, Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, whose name is familiar to journal readers as an enterprising operating surgeon.

It is, probably—judging from the character of the editorials—the offspring of some of the vicious rivalries which afflict the profession in that region. An editorial article under the caption of "Our Enemies and Ourself," states that the editor has "been selected as the object of especial animosity, by a certain combination of medical gentlemen." Another under the editorial head is evidently intended as a severe thrust at one of the editors of the *Pacific Medical and Surgical Journal*, and is ingeniously worded, as if to avoid making the writer amenable to a libel suit.

If the editorial endorsement of a puff of Dr. Reese, of New York, is intended as an indication of the professional "tone" of the *Press*, it is well for the success of the journal that it is located at a distance from those who know him.

Some fair original articles are presented, and the general appearance of the journal is excellent.

Attitude of Persons Killed by Lightning.—Under this heading the London *Medical Times and Gazette* presents to its credulous readers the following interesting item: "A man of law at Troyes was killed by lightning when on horseback; the animal still continuing his journey, brought home his dead master retaining the posture of a man on horseback."

Dr. Evans, the eminent American dentist residing in Paris, is thus spoken of by the Paris correspondent of the *Evening Post*:

"There are not many of our readers who have not heard of Dr. Evans, the American dentist, as he is called, *par excellence*, and who has charge of the teeth of pretty much all the sovereigns of Europe, and of America too, I suppose, when the latter come to Paris. He made a flying professional visit the other day to Nice, at the instance of the former Empress of Russia. On parting, she presented him, with a diamond ring valued at 60,000 francs, about $12,000. The Doctor and Mrs. Evans have received presents enough from crowned heads, in the shape of bracelets, watches, snuff-boxes, rings, and curious articles in gold and precious stones, to make him a millionare, if he had their cost in money. There is, as I have already said, scarcely a sovereign on the continent of Europe from whom he has not some costly testimonial."

Monument to Dr. Kane.—Mr. John A. Jackson, the well known sculptor, of this city, is now in New York. He has just finished a very spirited and appropriate model for the Kane monument. It represents the gallant explorer leaning against a windlass, his furred coat thrown gracefully back from his shoulders, a telescope in his hand, and an Esquimaux dog at his feet; the attitude is dignified, the expression earnest, and the effect of the whole impressive. The artist also has succeeded in giving Dr. Kane's features and expression.—*Boston Transcript.*

An Arctic Boat Journey in the Autumn of 1854, is the title of a book of 375 pages, by Dr. J. J. Hayes, surgeon of the late Kane expedition. The boat journey described was the attempt to reach Upernavik, in Greenland, while the vessel of the expedition was permanently frozen up, in the ice, and was commanded by Dr. Hayes.

The Polytechnic College.—We find the following letter from Professor Swallow, State Geologist of Missouri, to Dr. Kennedy, of our Polytechnic College, in the city morning papers. It bears testimony to the fact that Philadelphia, which was not only the first to establish a medical college in this country, has been the first to establish a polytechnic college, but, also, that for the latter institution, no less than the former, she is under obligations to one of her medical men. The want of a school for the thorough training of professional chemists and geologists, engineers of mines, civil and mechanical engineers, etc., was severely felt, when Dr. Kennedy determined to supply the want. He made a thorough tour of inspection of the best polytechnic institutions of Europe, and since his return has devoted much of his time and means to founding and rearing an institution here which sustains the highest scientific character. The members of what other profession have done so much as those of medicine, not only within but without its own pale, to advance the arts and benefit mankind?

PROF. A. L. KENNEDY, M. D.—My Dear Sir: It gives me great pleasure to find your institution filling more fully than any other

within my knowledge, the most important unoccupied ground in our system of education. Educational facilities adapted to the wants of the physician, the jurist, and the churchman, are well supplied by our colleges and universities; but heretofore no school has given the education needed to fit one for our most important industrial pursuits, such as the mine, the furnace and the forge. Chemistry has been taught, but so taught as to exhibit none of its vital relations to the industrial arts. Mineralogy, too, has held a place in our schools, but more as a matter of curious learning—exhibiting rare minerals, and precious gems to the wondering crowd, rather than the knowledge of the ores and the marls which would enable one to develop the wonderful resources of the country. I do not object to schools for the theoretical and the ornamental, but I do demand something additional—something solid, useful, practical, for the hardy men who are to open our mines, conduct our forges, furnaces and workshops, and work our farms. And such an education, I understand, you are giving. God bless and prosper you in the noble effort! We shall try and follow your example soon, and thus be benefitted by your efforts and experience.

Very truly, your obedient servant,

G. C. SWALLOW.

The Essay of Dr. M. Stephenson, of New York, on Cataract, published in the Transactions of the American Medical Association, in 1858, is thus complimentarily noticed by Dr. W. Mackenzie, in the *Glasgow Medical Journal*:

"This is a sensible, practical essay on the operations for the cure of cataract, each of which the author explains to have its advantages and disadvantages. On the whole, we regard Dr. Stephenson's essay as significant, not less of candid judgment than of correct observation, and as contrasting strongly in his favor, with some of the productions, in the same department of medical literature, given forth by certain cormorants for fame, who evidently fancy, that by giving new names to old operations, ignoring the authors of long established doctrines and practices, or propounding the most monstrous absurdities, they are sticking leaves of laurel around their wigs."

Correspondat Médical Universel is the title of a new journal about issuing at Brussels.

Seventh Annual Report of the Surgeons of the N. Y. Ophthalmic Hospital.—The Surgeons of the above institution, Drs. Stephenson and Garrish, have attended *ten hundred and ten* patients during the past year, and over 7,000 since its organization. The past winter has been one prolific for operative ophthalmic surgery, giving the pupils of the institution an opportunity to witness operations for cataract, strabismus, entropion, ectropion, staphyloma, etc.; also extirpation of the eye, by Critchett's method, and Bowman's operation for catheterizing the nasal duct, by slitting up the lachrymal canal, with entire success. Their ophthalmic school is more numerously attended this session than the last, by pupils and practitioners from nearly every state in the Union, as well as from British and South America.

☞ We can assure our friends of the *Boston Medical and Surgical Journal*, that they are very wide indeed, of the "exact truth," in stating on the authority of the *Maryland and Virginia Journal*, that three hundred and forty-four students left this city for Southern medical schools. The persistent efforts made in different quarters, to misrepresent this affair, are very discreditable to those engaged in them. They will not, in the slightest degree, affect the future interests of medical teaching in this city, and the interests of medical teaching in the South will not be permanently advanced by such questionable proceedings as have characterized this movement from beginning to end.

The number who left this city, from all the schools, and *staid away*, did not reach one hundred and seventy-five. *This statement cannot be truthfully denied.*

Drs. Luckett and McGuire who emigrated from this city some time since, with a portion of their class to Virginia, have issued an announcement for a course of summer lectures, on the various branches of medicine, at the Medical College of Virginia. They have associated with them, Drs. A. E. Peticolas, J. S. D. Cullen, Marion Howard, Thomas Pollard and E. C. Drew.

We perceive that Drs. Luckett and McGuire do not value their services as highly in Richmond as they did in this city, as they have cut down their fees nearly thirty-three per cent! Their object in doing so must be apparent. Their course of lectures commences on the first Monday in April.

Insanity of Nations and Communities.—May not a whole community, a state, or even a nation, become insane?

"Bishop Butler once said; 'I was considering whether, as individuals go mad, whole nations may not also go mad;' and adds: 'It will be seen that men may act *en masse* as much in contradiction to common sense, to common interests and experience, as if they were mistaking crowns of straw for crowns of jewels, and that millions of men may be as easily duped, cheated, and plundered as the simplest dreamer of waking dreams, who takes counters for guineas, and canvas for cloth of gold."

Allison, the historian, believes the great bishop's doctrine. In one of his essays he considered the French Revolution as an example of mental as well as moral disease on a national scale.

Pure Cod Liver Oil.—Cod liver oil has now become a standard article of the materia medica, yet there is a remarkable want of uniformity in its sensible properties as ordinarily presented, varying greatly in consistence, flavor and color.

The idea of its medicinal or dietetic properties existing in connection with the disgusting impurities which taint some specimens of the oil, is now abandoned, and it is an object to free it from everything which will make in unacceptable to the palates and stomachs of patients. This has been accomplished by J. C. Baker & Co., of this city, whose agents in New Foundland superintend the preparation of the oil on a most extensive scale.

The oil prepared by them is uniform in quality, and so pure and bland that it needs no disguising to be taken by the most sensitive persons.

William Spence, the eminent entomologist, died on the 6th of January.

The Employment of Trained Nurses amongst the Laboring Poor, is the title of a pamphlet published in London. The author maintains the need for an organized system of nursing among the poor, which should combine effective assistance for the sick with practical instruction in the laws of health and the arts of life. He proposes to extend the system of providing nurses to the sphere of action of infirmaries and dispensaries.

It is not generally known that the city of Philadelphia has for a long time contained a flourishing institution devoted to this humane object. A branch of the Philadelphia Lying-in Charity and Nurse Society, during the last year, supplied two hundred and fifty-two poor females, during confinement, with efficient nurses. A portion of these were nurses who had been regularly educated for their occupation, in the institution.

Marriage of Cousins.—Governor Magoffin, of Kentucky, recommends the Legislature of that State to prohibit, by law, under severe penalties, the marriage of cousins. He says that the imbecile, insane, deaf mutes, and blind, in the different asylums of the State, who are the offspring of cousins, is from sixteen to twenty per cent. of the whole number; and he claims that it is the right and duty of the State to protect herself against the evil and expense, by forbidding such unions, which nature plainly forbids by the natural penalty she uniformly inflicts.—*Druggists' Circular.*

The Medical Department of the University of New York, held its Commencement on Wednesday evening last. The number of graduates was one hundred and thirty-eight. The valedictory address was delivered by Dr. Valentine Mott.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Florida*,—Dr. H. G. Lungren. *Indiana*,—Dr T. P. Bicknell, (with encl.) *Illinois*,—Dr. George Vincent *Iowa*,—Dr. E. J. Fountain, (with encl.) *Kentucky*,—Dr. Foster. *Louisiana*,—Rev. A. W. Poole, Dr. N. Bozeman. *New Jersey*,—Dr. Lewis Condict, (with encl.) Dr. O. S. Belden, (with encl.) *New York*.—Dr. Thos. C. Brinsmade, (with encl.) Miller, Matthews & Clasbrock, Dr. S. D. Willard. *Pennsylvania*,—Dr. W. W. Mosely, Dr. F. McGrath, Dr. O. D. Palmer.

Office Payments.—Dr. G. R. Fowles, (of Va.) Drs. Christian, Brooks, and Neill, (of Tenn.) Dr. W. A. Piper, Dr. J. Lewis Dorsett, (of Va.) Dr. A. M. Sigmund, Dr. J. S. Hunt, (of Ill.) Dr. H. De Young, Dr. A. S. Gibbs.

MARRIAGES.

LANGWORTHY—MILEY.—At Indianola, Texas, 22d of Feb, Assistant Surgeon Elisha P. Langworthy, U. S. Army, and Miss Mary Josephine, daughter of William P. Milby, Esq., of Indianola.

MCCAW—PATTESON.—At Milwood, Powhatan county, Va., Feb. 23d, by the Rev. Lewis Walke, Georgina, youngest daughter of the late David McCaw, M. D., and Thomas A. Patteson, Esq., of New York City.

MEEKER—WOOD.—At Haymarket, N. J., on Wednesday, Feb. 29, at the residence of the bride's father, by Rev. John Martin Henderson, assistant minister of Christ Church, Elizabeth, Chas. H. Meeker, M. D., of College Springs, Iowa, and Mary E., daughter of N. E. Wood, Esq.

MINER—LINDSLEY.—On Tuesday, Feb. 21st, by the Right Rev. Samuel Bowman, D. D., E. Bowman Miner, M. D., of Wilkesbarre, Pa., and Jerusha Lindsley, of Lindsley, Steuben county New York.

PLUMER—TANNIHILL.—On the 14th of February, by Rev. W. R. Vincent, W. D. Plumer, M. D., of Jefferson county, and Miss Mary J. Tannihill, of Belmont county, Ohio.

WEATHERLY—HOSKINS.—On the 1st instant, by the Rev. H. S. Spackman, W. E. Weatherly, M. D., of Louisiana, and Mary A. H., daughter of E. A. Hoskins, of Philadelphia.

DEATHS.

HANCE.—In Trenton, N. J., on Monday, 27th Feb., Beulah W., daughter of Dr. E. Hance, in the 13th year of her age.

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FOR STUDENTS OF MEDICINE.

THE EIGHTH ANNUAL COURSE OF LECTURES OF THE *Philapelphia Association for Medical Instruction*, will commence on the *first Monday in April*, 1860, and will continue, with the usual midsummer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.

The following is the schedule of the course:

Medical Chemistry, by Robert Bridges, M. D.
Obstetrics and Diseases of Women, by William V. Keating, M. D.
Anatomy, by Ellerslie Wallace, M. D.
Institutes of Medicine, by S. Weir Mitchell, M. D.
Institutes and Practice of Surgery, by Addinell Hewson, M. D.
Principles and Practice of Medicine, by J. Da Costa, M. D.
Materia Medica and Therapeutics, by James Darrach, M. D.
Surgical Anatomy and Operative Surgery, by John H. Brinton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt.

Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

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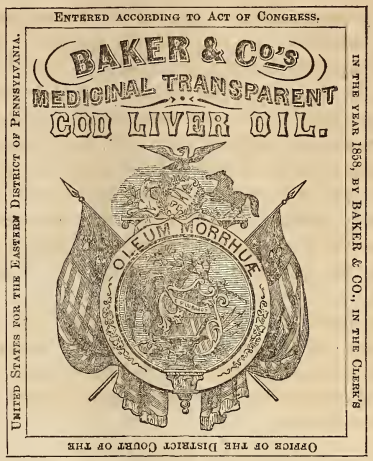
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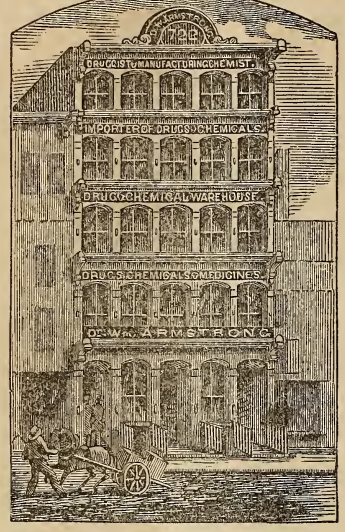
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Gossypiin	Rd. Neut	3 to 8	2 00
Hamamelin	Res. Neut	1 to 3	1 00
Helonin	Neutral	2 to 5	1 00
Hydrastin	Res. Rd. Alk. Neut	1 to 3	1 25
Hyoscyamin	Res. Rd. Alk. Neut	⅛ to ½	2 50
Irisin	Res. Rd. Alk. Neut	1 to 3	1 00
Jalapin	Res	2 to 5	1 50
Juglandin	Rd. Neut	2 to 10	75
Leptandrin	Rd. Res. Alk. Neut	2 to 5	60
Lupulin	Res. Rd. Neut	1 to 4	75
Lycopin	Rd. Neut	1 to 4	1 00
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Menispermin	Rd. Alk. Neut	1 to 5	1 00
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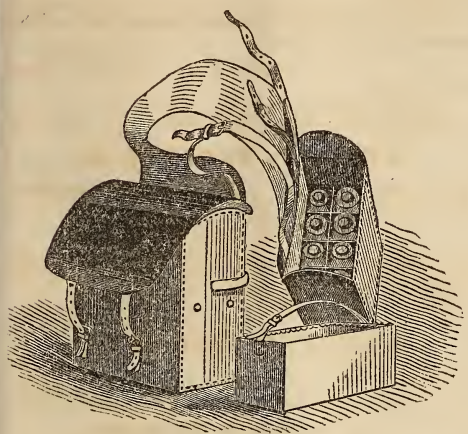

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Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet, (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yerger & Ord, for their Skeleton Metallic Leg..... First Premium.

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Fig. 1.

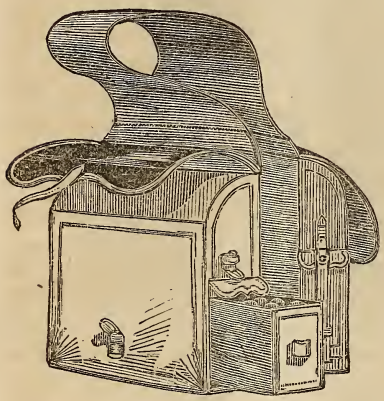

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	20	"	9.50
"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

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Pil. Assafœt.:	Pil. Calomel Comp., (Plummer's:)	Pil. Quin. Sulph., 1 gr.:
Pil. Assafœt. Comp.:	Pil. Copaibæ:	&c.
Pil. Ferri, (Quevenne:)	Pil. Aloes:	
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No 190, 1y.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 178. } PHILADELPHIA, MARCH 17, 1860. { NEW SERIES VOL. III. NO. 25

ORIGINAL DEPARTMENT.

Communications.

Rupture of the Uterus.

By Theodore A. Demmé, M. D.

On the 14th of February, I was requested by Dr. Carter to make the autopsy of a patient who died during labor, delivery not having been accomplished.

Mrs. S. J., aged 37 years, having had six children, and near the full period of utero-gestation with the seventh, requested the attendance of Dr. C., on Tuesday evening, the 7th of February. She was complaining of abdominal pains, of the nature, as she described, of *after pains.* There was also considerable pain in the epigastric and left hypochondriac regions, of a lancinating character, accompanied by constant retching and vomiting. The pulse was about 90. Upon examination the os uteri was detected slightly dilated and covered by the placenta; hemorrhage per vaginam existing, the possibility of placenta prævia was borne in mind.

On the 10th, the eminent accoucheur, Dr. Hatfield, was called in consultation; but notwithstanding the constant care and attention of her physicians, the patient died upon the 13th of February.

The treatment was such as the emergencies of the case seemed to demand, being directed to the allaying of pain, the quieting of the stomach, the arresting of hemorrhage and the reduction of peritoneal inflammation.

Autopsy. The body was well formed and proportioned; the pelvis ample; the abdomen was enormously swollen and tympanitic, betraying the presence of pent up gases. Upon making an incision in the median line, through the integument, and extending from the ensiform cartilage to the symphysis pubis, the compressed gases suddenly forced their way through the linea alba with violence; after their escape the size of the abdomen was much reduced, and no longer presented an anterior convexity.

The crucial incision completed and the four flaps turned outward, the abdominal contents were exposed to view.

Extending from the left hypochondriac region to the hypogastric, its feet resting apparently upon the fundus of the uterus and its head upon the stomach, lay the child. The small intestines were forced over toward the right side of the mother, and firmly united to the colon, which latter was attached to the larger viscera at the upper portion of the abdominal circumference.

There was thus a cavity formed, or as it were, moulded upon the fœtus, which, being lined by a smooth membrane, the result of the exudation of coagulable lymph, presented the appearance of an extra uterine pregnancy.

The fœtus was large and as far as the trunk and extremities, well formed, but the head was enormously swollen, the cranium vastly preponderating in size over the face, affording a well-marked instance of *hydrocephalus congenitus.*

The uterus was contracted, and presented along the left side an extensive rupture of its body and fundus, which however *did not extend into the cervix;* there was also a transverse laceration upon the posterior aspect of the body, connecting with that upon the side. The rupture involved no portion of the uterus not covered by peritoneal reflexion.

The placenta was contained partly within

the cavity of the uterus, and partly within the abdominal cavity, appearing to be caught in the fissure.

Before the rupture the after-birth had been attached to the fundus of the uterus, but after the escape of the child the contractions of the womb forced it upon the os uteri, where it remained an accidental placenta prævia.

There was but a small quantity of blood in the cavity of the abdomen. In my mind there is no doubt but that the rupture had occurred before the first visit of the attending physician. The pains described as similar to after pains, *were* after pains, the uterus endeavoring to expel the placenta.

The laceration was the result, not of uterine contraction, but the consequence of some over exertion, acting upon a womb whose tissue was softened,—thus predisposed to rupture.

Intra-Uterine Fracture of the Clavicle.

By Wm. B. Atkinson, M. D.

[Read before the Northern Medical Association of Philadelphia, March 9th, 1860.]

On Monday, March 4th, 1860, I was requested to visit the infant of Mrs. E. A. D., supposed to be laboring under a displacement of the left clavicle. Mrs. D. was delivered naturally, after an easy labor, of a good sized male child, on the 22d of February. She was not attended by any physician or midwife. On the 2d of March, when washing the child herself, for the first time, she noticed a projection on the left side, between the shoulder and top of the sternum. Upon an examination of the parts I detected a completely united fracture of the clavicle of that side. The apex of the angle of junction pointed upward, and could be plainly seen when the head was turned to the opposite side. As, at the time of my visit but two weeks had elapsed since the birth of the infant, it was evident that the fracture must have occurred some weeks anterior to the delivery. Mrs. D. informed me that some three or four weeks prior to her confinement, she received a violent blow in her left side from the edge of a door, which a child was swinging back and forth, though she never experienced any further trouble of any kind after the pain incident to the blow had subsided.

At my request, Dr. A. Nebinger visited the case, and after a most careful examination, confirmed my diagnosis in every particular. This form of fracture is extremely rare. I find, on reference to Malgaigne's Treatise on Fractures, mention made of but one case. He says "Devergie has given the history of a woman who, when seven months gone with child, struck her abdomen severely against the corner of a table. The pain was excessive and lasted some time. This woman was brought to bed at the usual time, of a pretty stout child, which had a large tumor in the region of the left clavicle. The child died on the eighth day, and the autopsy showed the tumor to be formed of a solid and voluminous callus, reuniting a fracture of the clavicle; the fragments had somewhat overlapped each other. The specimen was placed in the museum at Val-de-grâce, but has unfortunately been lost."

The only other case on record which I have been able to find, is one related by Dr. Keller, of this city, before the Pathological Society. The lady, Mrs. H., in the fourth month of her pregnancy, while riding out, was thrown out of a carriage by the breaking of an axle, and struck the right side of her abdomen upon the front wheel. With the exception of a severe uterine hemorrhage, which occurred without any apparent cause, some two months afterward, no disagreeable results ensued. The child, a healthy girl, was born at full term, after a perfectly natural labor. On the third day the nurse called the attention of Dr. K. to a swelling on the neck of the child, which, after a careful examination, he recognized "as a completely consolidated fracture of the middle of the clavicle, of which the exterior half stood upward and outward, joined behind in an obtuse angle to the rest of the bone. In an erect position of the body only a very slight deformity was visible; but when the head was much turned, it became very apparent."

Prof. Gross, at the Pathological Society, referred to a case mentioned by Glockengiesser, in which 130 fractures existed in the same fœtus.

Case of Placental Presentation.

By R. S. MYERS, M. D.,

Of Prospect, York county, Pennsylvania.

On the 4th of January, I attended Mrs. S., in a case of placental presentation. As the case was conducted to a favorable issue to both mother and child, I considered it of sufficient interest to communicate for your extensively circulated journal.

During the latter four weeks of Mrs. S.'s pregnancy, she was not unfrequently seized, at uncertain intervals, with attacks of uterine hemorrhage. These attacks, which occurred to her twelve times previous to her confinement, came on occasionally very insidiously, sometimes while asleep in bed, while at other times they would occur when she was in a perfectly quiet condition. Being a close neighbor to Mrs. S., I was summoned upon every occasion whenever she was taken with one of her (as she termed them) "bleeding spells." The flow of blood was not generally very protracted nor profuse; and after calming her mental anxiety, and giving her certain instructions for her future guidance, I was suffered to depart, for the first four or five attacks. Upon the sixth attack, however, the flooding assumed rather an unmanageable form, and could not be so readily controlled as upon the former occasions, nor would it yield to the administration of milder remedies, such as the mineral acids, the acidulated infusion of roses, in connection with the sulphate of magnesia.

By a vaginal examination, nothing of any decided interest could be ascertained, inasmuch as the os uteri being not dilated, but appearing dilatable—though I did not consider it expedient or judicious at that time to dilate it, for fear of augmenting the hemorrhage. Not being able to ascertain yet whether it was positively a case of placental presentation, I rested simply under the suspicion that such was the case, without being certain. As the lady was plethoric, I resorted to bleeding from the arm for the arrest of the hemorrhage; at the same time administering internally some of the more depressing agents—such as digitalis, and tinct. verat. viride, in small and repeated doses, and by these means succeeded in arresting the hemorrhage, and afterward kept the flooding in subjugation by the use of the *lancet*. I am entirely aware that general blood-letting is looked upon by some of our most eminent authors and experienced practititioners, in the treatment of uterine hemorrhage, at all times and under all circumstances, and particularly in cases of placental presentations, with a more than ordinary degree of disfavor. Nevertheless, I cannot help thinking—and in this view I am sustained by an equal amount of authorship and intelligence—that the careful and judicious use of the lancet will have a decided beneficial effect in arresting the flow. The reasons for this view are obvious, but to detail them in this paper would make my article of more length than would be desirable. Suffice it to say, that by venesection we relieve the engorged and enlarged vessels of the womb and placental mass, which of course must necessarily exert a powerful influence in arresting the flow from the patulous orifices. It is, however, only in the early stage of attacks of uterine hemorrhage that the very marked and almost instantaneous arrest of the flow is perceptible under the use of the lancet, and it is in this stage when the lancet should be used.

No man in his senses would postpone the remedy until after having unsuccessfully tried the whole catalogue of the numerous other remedies recommended, and wait until a mortal syncope has taken place.

We admit there are occasionally certain contra-indications which entirely forbid its use, or at least its employment only to a very moderate extent. Happily those cases are rare, and in almost all cases the lancet may, in my humble opinion, be employed with perfect safety. The lancet proved, in the case under consideration, a very adequate and efficient remedy. On the 4th of January, I received a very urgent message to visit my patient. When I reached the bedside, I soon ascertained that uterine action had commenced. The mouth of the uterus was slightly dilated, and the hemorhrage increasing. By the touch, the smooth surface of the placenta was distinctly

felt. The term of gestation being fully completed, and actual labor commenced, the time had now arrived when such mechanical aid must be rendered, upon the success of which depended the life of the mother and child. The os uteri being dilated to a little over the size of a new twenty-five cent piece, and as the dilation was increasing, there was a fearful increase of the bleeding. At this juncture I felt warranted in undertaking delivery, which I accomplished in the following manner. The patient lying on her left side, was brought close to the edge of the bed: greasing the right hand and arm, the fingers were collected into a conical form and carried up to the brim of the pelvis. I then proceeded to dilate the os uteri with a slow semi-rotating motion of the hand, until it was passed fully anteriorly into the uterine cavity. Alongside of the placental mass the membranes were reached, which were ruptured, and the hand run along the child's body until the feet were obtained, and both lower extremities were brought down through the fœtal membranes. I ordered gentle pressure to be applied over the uterine tumor, and slowly extracted the child, which, to my surprise and astonishment, cried in a few minutes after its delivery. I directed the nurse to remove the child while I engaged myself in the meantime in rousing the patient from a faintness in which she was lying; which I succeeded in doing by stimulants—such as brandy, ammonia, etc. I gave her no opium. After the action of the stimuli I gave her a full dose of the vinum ergotæ. I administered none of this drug previous to the delivery. The uterus acted but feebly, and she had but very little pain during the whole process. Notwithstanding the absence of pain, the uterus, after the child was extracted, contracted perfectly. The patient was placed upon a tonic course of treatment, and soon recovered from the shock her system had received, and is doing well, as is also her fine healthy babe.

John Hunter once remarked: "I never have any difficulties; a thing can be done, or it cannot. If it cannot be done, I will not attempt to do it."

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.]

WEDNESDAY EVENING, FEBRUARY 8.

DR. REMINGTON, President in the chair.

Subject for Discussion—THE DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS.

DR. WASHINGTON L. ATLEE read a paper, of which we give the following abstracts:

As the abdomen may be enlarged from various causes, it is important to understand how to distinguish between these various enlargements, and correctly to diagnose that resulting from ovarian tumor. This is often a matter of much difficulty, but is generally obtained by a careful attention and scrutiny on the part of the physician. For convenience and perspicuity in treating the subject, the lecturer classified these enlargements as follows. 1. Peritoneal cysts. 2. Cystic tumors of the abdomen. 3. Ascites. 4. Pregnancy. 5. Pregnancy with ovarian dropsy. 6. Tumors of the uterus. 7. Accumulations of fœces in the intestines. 8. Gas in the intestines. 9. Retention of the menstrual discharge. 10. Enlargements of the viscera. 11. Hydromhea. 12. Muscular derangement of the abdominal walls. 13. Pelvic abscess. 14. Psoas abscess. 15. Distension of the bladder. 16. Retroversion and retroflexion of the uterus. 17. Recto-vaginal hernia. 18. Malignant tumor of the abdomen. 19. Inflammatory deposits in the cavity of the abdomen.

1. *Peritoneal Cyst.*—This is a *peculiar form of dropsy*, not described, or perhaps even recognized by any of the books, and is extremely like ovarian tumor. Like the latter, it occupies a position anterior to the intestines; hence we have, on percussion, a flat sound over nearly the whole of the abdomen, with a resonance high up, and at the extreme edges. The shape is similar; both forms of enlargement vary but little on changing the position of the body. The abdomen in both, although uniformly distended, may be larger on one side than the other. The general health is good. So far, these two forms of disease are almost precisely similar. Perhaps the fluctuation gives the sense of a thinner fluid. How, then, is it to be diagnosed? As teaching at the bedside is far preferable to any other mode, Dr. A. related, in detail, five cases of this form of disease, and exhibited specimens of the fluid taken from these cysts. The question of diagnosis is answered by the character of the fluid, which is beautifully clear and transparent, resembling pure water. It may be slightly opalescent, not coagulable by

heat, or nitric acid, and gives forth at times an osmazone odor when boiled. This fluid is the pathognomonic sign of the existence of a peritoneal cyst, distinguishing it from ovarian dropsy, or ascites. After tapping, in cases of ovarian dropsy, when the parieties of the abdomen, and of the sac, are grasped deeply between the fingers, on rubbing, the walls of the cyst recede, and ridges or nodules may be felt and seen. In peritoneal cyst, however, there are no signs of walls or solid deposits. In the former the walls of the abdomen seldom sink below the level, but in the latter the incurvation is sometimes extreme. In the former, the cysts continue to fill in spite of medical treatment; in the latter the cure is certain after tapping. No account of its pathology was attempted by Dr. Atlee, as all these cases recovered, and hence no opportunity offered for an autopsic examination after death. He, however, believed that it is nothing but a cyst of the peritoneum, and recent experience would locate it in the folds of the broad ligament. There is a great liability, in the ovary and its vicinity, to the formation of cysts. He illustrated this point by a case which he had treated recently, and by another operated upon in Lancaster, by the peritoneal section.

These cases place *paracentesis abdominis* in a new light. In its therapeutical connection, it assumes an importance which it never possessed before, and while it is indispensable as a means of diagnosis, it is equally so as an adjuvant in effecting a cure. The *fluids of dropsy* have been too much overlooked in tracing out the character, and in deciding upon the curability of this disease. They furnish a most important key in explaining the nature of the several forms of dropsy; and when the surgeon casts aside the opinions respecting the *dangers of tapping*, promulgated by Thomas Safford Lee, of London, and Professor C. D. Meigs, of this country, as heterodox in surgery, because unfounded in fact, and adopts this simple and safe operation as a diagnostic, rather than a palliative measure, he will unlock some of the mysteries which now impede the cure of disease.

To show the grave errors that are made in this peculiar form of dropsy, Dr. Atlee referred to M. Nélaton, of Paris, one of the most careful clinical observers of the age. He made a mistake, which resulted in the death of his patient. Dr. Atlee "quoted from "Clinical Lectures on Surgery, by M. Nélaton. From Notes taken by Walter F. Atlee, M. D.," page 524.

"One month before entering the hospital, she had consulted a physician, who introduced a trochar, and drew away twenty-five quarts of liquid. After this tapping, *no tumors could be detected in the abdomen*, and the physician said the liquid had been contained in *a sac with very thin walls*. Fifteen days after the water had been drawn off, she was again very large; and she came into the hospital to demand something for her permanent relief.

"After having examined the patient, M. Nélaton said, there could be *no doubt as to its being a cyst of the ovary*. He thought he would operate [inject with iodine] in this case—the patient was but thirty-one; the walls of the cyst were supple, and the liquid drawn off before had been *clear and transparent;* and injections of iodine succeed better when the liquid is of that character.

"Two days afterwards, he again called attention to this case, *as one of cyst of the ovary*. Though the operation for permanent relief is dangerous, M. Nélaton said, it must be performed in a case like the present. It was the only thing the matter with the woman; when the cyst was emptied before, she felt well, and, besides, the liquid then extracted showed the case to be a most favorable one for injection. These ovarian cysts contain different liquids, sometimes it is very ropy, sometimes it is like blood and serum, *but here it was pure, citrine, limpid serosity, just as is extracted from simple, uncomplicated hydroceles.*

"M. Nélaton drew away a *clear, transparent liquid*, with a small trochar, and then made an injection of about fifteen ounces, of which one-third was the tincture of iodine. The patient complained very much, and a notable change took place in her; she became cold and cyanosed, her pulse became small, and it was with difficulty she could be made to hear. This condition continued long after she was carried to bed. Throughout the whole of that day, and the day following, she appeared to suffer very much, vomiting almost constantly; a striking phenomenon was the excessive thirst.

"The patient, on the third day, however, was better. She continued to get better, and on the seventh day of the operation, with the exception always of the irregularity of the pulse, she seemed pretty well. The *interne* found her in a good condition at eight in the evening; at two in the morning he was called, and found her dying.

"At the autopsy, on opening the abdomen, an immense false membrane was found, so disposed as to be continuous with the abdominal walls in the pubic region, and above to be adherent to the transverse colon. Beneath that were the intestines glued together by plastic lymph. There had then existed a circumscribed effusion, bounded before by this false membrane, and behind by the intestines glued together. Such a condition, of course, would produce identity of symptoms, with those of a cyst of the ovary. There was no pus in the abdomen, and M. Nélaton said, he did not believe that death had resulted from anything in the abdomen. As had been foreseen, there was a lesion of the heart; it

was enormous, and, excepting the point, adherent to the pericardium. There was an enormous dilatation of the left auricle; M. Nélaton put his whole fist into it, saying he had never seen one so large. At the same time there was cirrhosis of the liver. The ovaries were enlarged, hard, and full of small cysts. It seems more rational to attribute the death of this patient to the affection of the heart, than to the plastic inflammation of the peritonum."

After quoting the above case, Dr. Atlee remarked, that it was plainly one of peritoneal cyst—that the false membrane was the result of the plastic inflammation set up by the iodine injections—that both the history of the case and the character of the fluid contra-indicated the presence of plastic deposit *before* the operation—and that as the cyst "*was the only thing the matter with the woman*," at the time of the injection, the *peritonitis* thus established must have caused the woman's death. Certainly, he could not believe with M. Nélaton, that he mistook a plastic deposit for an ovarian cyst, but was pursuaded that the case was one of peritoneal cyst, and amenable to curative treatment.

Cystic Tumor of the Abdomen.—This enlargement may be the result of hydatids, and may arise from cysts developed in almost any of the abdominal viscera. In the diagnosis, great attention must be paid to the early history of the case, its place of origin, seat of the greatest suffering, the character of the functional derangements, &c., when of great size. It, also, is extremely difficult to distinguish from ovarian tumor. A cyst formed on the uterus has the same location as one from the ovary. This too, will be best understood by a relation of cases, and hence, Dr. A. gave the details of three cases. In one instance, this was met with in a boy, aged 13, had it occurred in a female there would have been a great difficulty in making the diagnosis. In this case, an autopsy was had, the cyst was found dipping into the pelvis, adhering to the rectum and bladder, and above, pushing back the liver, stomach, etc. This was the result of an injury inflicted by the tongue of an engine, rupturing the ducts of the gall bladder, with which the cyst was continuous.

Dr. Bell inquired whether medicine exerted any influence over ovarian tumors.

Dr. Atlee never saw an instance where he could attribute any such action to medicine. Cases were on his record, where the disease came to a stand, but as this had occurred without medicine having been employed, he would not, therefore, infer that it was anything more than a coincidence. He had less faith in the cure of these tumors, the more experience he obtained.

Dr. Jewell inquired, how many cases Dr. A. had observed, which were cured by nature.

Dr. Atlee could not answer the question now, but in a future paper would give an abstract on this matter from his records. He remembered three cases, where nature attempted the cure, but failed. It has been argued that these spontaneous cures occur by the breaking of the sac, but in every case which he had encountered, where this rupture took place, death followed.

The discussion having terminated,

Dr. Jewell rose to inquire of Dr. Atlee concerning a case of recent occurrence, in which death from tetanus, followed an abortion; Dr. Atlee being in attendance, and much excitement having arisen, he was desirous, if quite consistent with Dr. Atlee's wishes, of knowing the facts of the case.

Dr. Atlee was pleased thus to have an opportunity of giving a full statement of the case, and read the following acconnt of

A CASE OF ACUTE TETANUS FOLLOWING ABORTION.

Mrs. D., aged 20 years, and about eleven months married, was taken with flooding on the night of January 18th, 1860, I was called up before day on the 19th to visit her. She was full two months gone. There were pretty free hemorrhage and some pain. No other cause for the threatened abortion was assigned, than a very long walk she had taken some time before. On making a digital examination I found the uterus proportionably developed for the period of gestation, the os-tincæ was closed and thrown back toward the sacrum, and the cervix was not expanded. The parts seemed to be peculiarly sensitive, but as the patient was laboring under considerable nervous excitement, I attached very little importance to this symptom. In this condition of the os and cervix uteri, I thought it proper to attempt to save the ovum, and for that purpose, I prescribed acetate of lead and opium, cool drinks, perfect rest and quietude. As there was no prostration, I avoided the use of the tampon, knowing that it would defeat the object I had in view, particularly in the tender condition of the cervix. I made two more visits during the same day and was gratified to find a gradual diminution of both hemorrhage and pain, and before night an entire subsidence of the latter. I continued to make daily visits until the 23d, not deeming it necessary to make another vaginal examination, as her improving symptoms all favored the idea of recovery. The pain had altogether ceased, although a slight red discharge continued.

On the morning of the 23d she had a return of expulsive pain to such an extent that I again made an examination. The os-tincæ was now open enough to admit the index finger easily, and enable it to pass around the partially protruded ovum, and the cervix was expanded. The parts were still sensitive. Being now certain that abortion could not be prevented, I suspended the acetate of lead and

opium, and favored its occurrence by ordering ʒi of the wine of ergot every two hours. On making a visit in the after part of the day, and examining again, I found the ovum almost entirely out of the os-tincæ, and held in situ by the usual attachment between it and the interior of the uterus above. In accordance with my ordinary practice, I overcame these slight adhesions with my finger and removed the mass. This occupied but little time, although the patient complained considerably during the manipulation, particularly while dislodging the body from the vagina after it had been detached from the uterus. When entirely removed, however, she was easy. On leaving her for the night, I ordered a teaspoonful of paregoric to be given in case of pain.

The mass removed resembled placenta and its membranes, but no embryo was discoverable.

Next day, the 24th, the patient was very well and very cheerful. Her bowels were opened freely by medicine.

On the morning of the 25th, I was sent for before my usual time of visiting. On arriving at the house I found the patient holding a wooden pencil between her teeth to keep the jaws separated, and the muscles of the jaws were quite rigid, she being unable voluntarily to open the mouth. She had previously informed me that she was exceedingly nervous and subject to hysteria. The idea of tetanus not entering my mind, I at once supposed, and so announced it, that the attack was hysterical, and with this view I ordered her repeated doses of Hoffman's Anodyne. I believe she succeeded in swallowing one dose of it with difficulty but no more, as the muscles of deglutition seemed to become involved. On a subsequent visit the same day, in consequence of the inability of swallowing, I ordered her enemata every two hours of tincture of assafœtida, and sinapisms to the spine and stomach. The tonic rigidity was still confined to the muscles of the jaws. Very little change in the symptoms occurred during the whole day.

During the night of the 25th her mother informed me that she had a spasm, and on making a very early visit on the morning of the 26th, I was convinced that the disease was tetanic instead of hysterical. The muscles of the neck and back had become involved, so that the head was permanently and violently tdrawn back, while the tonic spasms of all these parts rendered every thing as hard as a board. The usual acute pain at the lower part of the sternum, piercing through to the back, was, however, entirely absent, and at no time afterwards manifested itself. The pulse was accelerated, but soft and voluminous. The throat semeed phlegmy, and the patient complained of a peculiar tightness there, and oppression in breathing, and frequently worked away frothy sputa from her mouth. During all this time and up to the period of death, a piece of gum elastic was kept between her front teeth, to keep them apart.

Satisfied of the existence of tetanus I now enquired whether she had received any wound, had pricked herself with her needle, had trod upon a nail, or had in any way hurt herself. She at once asked me if she had hydrophobia, and immediately said that the dog had scratched her on the hand about two weeks before. She held up the back of the right hand, upon which I noticed the mark of a very superficial wound, but which I considered too trifling to acconnt for the symptoms. I now enquired into the character of the discharges. The urine was freely secreted and passed, and two napkins, sufficiently stained with the lochia were brought to me, and which had been removed during the previous night. I next made an examination per vaginam. The parts were moist, free from heat, and entirely free from the tenderness which had existed before the abortion. Strong pressure over the whole abdomen was unattended by any soreness. She had no pain anywhere.

A large number of leeches was immediately placed over the cervical and dorsal vertebræ, and a considerable quantity of blood removed, and four drops of tincture of veratum viride was ordered with the assafœtida as an enema every two hours, and as deglutition was impossible, I administered by inhalation a mixture of two parts, liquid measure, of sulphuric ether, and one part of chloroform. The effect of the anaesthetic was most soothing and gratifying. She was kept nearly constantly under its moderate influence It had the effect of preventing opisthotonic spasms, and causing her to sleep more or less most of the day. When the effects passed off she would crave for more. The pulse also came down from 130 to 105.

I visited the patient every hour during the day, and, finding that the disease was so admirably controlled by the treatment, I flattered myself that she might yet recover from it. But in the evening the treatment began to lose its effect, and between 8 and 9 o'clock a violent spasm, lasting 10 or 15 minutes came on, and which exhausted her a great deal. This was followed by a flagging pulse and labored breathing. I immediately ordered stimulating and nutritious injections, and chloroform liniment to the spine, to be associated with the anæsthetic. But successive paroxysms returned with great violence, which caused her to sink rapidly, and she died at 11½ o'clock, P. M., of the same day.

P. S. In "The Obstetric Memoirs and contributions of James Y. Simpson, M. D. F. R., S. E., &c.," vol. 2, page 59, an interesting paper on "puerperal tetanus," may be consulted with profit by the members of the medical profession.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

External Application of Belladonna in Scarlet Fever. By J. W. BENSON, M. D.—In twenty-five successive cases of this disease, which have been latterly under my professional care, the treatment consisted in inunction of the parotid and submaxillary regions by an unguent composed of fifteen grains of the extract of belladonna to an ounce of simple ointment. This was applied freely and frequently as soon as the patient complained of sore throat. A piece of flannel was afterwards applied, and in no case was any other treatment adopted, except the administration of small quantities of neutral mixture during the day. In some cases of rapidly occurring tumefaction of the throat, the prompt subsidence thereof under the treatment, left no room for doubt as to its efficacy. I do not pretend to offer this mode of treatment either as a cure for scarlet fever, or as the sole means to be relied upon in any case, but I do claim for it a controlling power over the engorgement, and hence a prevention of those destructive ulcerations of the throat which are so much and so justly dreaded. In some cases it has seemed to have a salutary effect upon existing diarrhœa as soon as the system was influenced by the remedy.

In one case only was I compelled to discontinue its use because of its constitutional effect. I will not here discuss its modus operandi, but simply suggest that the experiments of physiologists in reference to the influence of the organic nerves upon glandular organs, coupled with an experience of thirteen years in its use as a restraining remedy in salivation, and a more limited but somewhat extensive observation of its influence on the mammary gland, seemed to justify, on purely rational and philosophical grounds, the adoption of the course pursued.

During a discussion some months ago in the College of Physicians and Surgeons upon the merits of belladonna treatment in profuse lactation and mammary inflammation, I took the liberty of intimating that perhaps the contradictory results of the observation of members might have obtained from a failure to distinguish between the pathological condition of the gland itself, and that of the areolar structure in relation with it, for if my views of its action be correct, it might not influence directly the latter condition, but would prove potent in the former. Since the results of the application as indicated were reported to the College, some of my friends have adopted the same course, and with the same results, viz, perfect success in every case.

They, therefore, concur with me in attributing such results to something else than mere coincidences on negative effects. They may not be, but the application is a simple, and, under judicious watchfulness, a harmless one, and I will be as free to confess its inertness as I am now anxious to press its claims to attention, so soon as my duty shall seem to indicate such a course.—*Louisville Med. News.*

The Saccharine Function of the Liver. Dr. GEORGE HARLEY, Professor of Medical Jurisprudence in University College, London, related a number of experiments which he had performed, in concert with Professor Sharpey, in the Physiological Laboratory at University College. The results of the experiments did not in any way countenance the notion, that sugar is not produced in the healthy animal body; but on the contrary, such conclusions as they afforded were altogether in favor of the following generally received views upon the subject:—

1. Sugar is a normal constituent of the blood of the general circulation.

2. The portal blood of an animal fed on *mixed* diet contains sugar.

3. The portal blood of a *fasting* animal, as well as that of an animal fed solely on *flesh* is devoid of sugar.

4. The livers of healthy dogs contain sugar, whether the diet be *animal* or *vegetable.*

5. Under favorable circumstances, and with proper precautions, saccharine matter may be found in the liver of an animal (a dog) after three entire days of rigid fasting.

6. The sugar found in the bodies of animals fed on *mixed* food is partly derived directly from the food, partly formed in the liver.

7. The livers of animals restricted to flesh diet, possess the power of forming glucogene; which glucogene is, at least in part, transformed into sugar in the liver.

8. As sugar is found in the liver at the moment of death (even when the plan of freezing it has been strictly attended to), its presence cannot properly be ascribed to a post-mortem change, but is to be regarded as the result of a natural condition.—*Royal Soc.*—*Lancet.*

Apparatus for Treating Transverse Fracture of the Patella.—In the *Maryland and Virginia Med. Journal*, Dr. S. T. Knight, of Baltimore, describes an apparatus well suited for this fracture. It consists of a ring of stout tin, three inches in diameter at the top, and so shaped upon the lower edge as to suit the form of the knee joint in front. A muffin ring was temporarily used in the first case reported.

There is a bar of tin reaching above and below the ring, lying above the femur and also upon the tibia, which enables the ring to be secured more perfectly with a roller. A strap with a cushion for the popliteal space, passing through a loophole of tin on either side, and a buckle attached, complete the apparatus. The whole is cushioned and covered with soft leather. The method of applying it is as follows:—First bandage the limb from the toes to the hip; then apply a lateral splint to the external surface of the leg, and secure this, together with the instrument over the patella, with the same roller. The contractions of the rectus muscle will thus be effectually overcome, and the fragments so securely held in opposition within the ring that bony union will result.

Raw meat as a remedy.—The French and German journals have recently contained some articles, of which we have taken brief notices, on the use of raw meat in diarrhœa.

Dr. Levrett, in the *Charleston Medical Journal*, claims Dr. Caspar Morris, of this city, as the first teacher to recommend and extensively practice the use of raw meat in various diseases. It had been previously recommended by Weisse in diarrhœa of infants, but had not received much attention. Dr. Morris had taken the suggestion from the late Dr. Thomas, of Baltimore, who had used it with benefit for one of his children.

Some cases which occurred in the year 1855, in the Philadelphia Hospital, under the care of Dr. Morris, and reported by Dr. L., illustrated the efficiency of raw meat in cases of obstinate diarrhœa, and extreme debility of children. The beef, free from fat, was scraped with a knife so as to obtain the pulp; this was seasoned with salt, and to make it acceptable to the children, sugar was added. Of this, at first a teaspoonful was given three times a day, and increased as the child became accustomed to and fond of it.

Dr. Levrett also reports the beneficial administration of this dietetic remedy to a number of adults in adynamic conditions, in the Episcopal Hospital of this city, while he was a resident physician in the institution. It was rendered palatable to adults by well seasoning and spreading it on or between two pieces of bread. Its merit consists perhaps alone in its being highly nutritious, requiring a small bulk to be taken, and easily digested and assimilated.

Hydrophobia Successfully Treated with Mercury.—The last issue of the *American Journal of Medical Sciences* contains an interesting report, by Dr. Ligget, of a case of hydrophobia cured by large doses of calomel. We can refer to another case of cure of hydrophobia by similar treatment, which it is presumed Dr. L. was not aware of. It will be found recorded in the London *Lancet*, vol. 6, page 213, American edition.

Pathology of the Pituitary Body.—Dr. M. Michel presents, in the *Charleston Medical Journal*, an elaborate and valuable article on the pathology of the pituitary body. This body, located securely from external violence, in the deepest depression of the base of the cranium, almost obscured from ordinary observation, attracts, in a pathological view, generally but little attention. It has been found to undergo certain morbid processes. A case of malignant disease of the pituitary body, reported by Dr. Michel, was that of a robust negro man, aged thirty-five years, who complained first, in the month of March, 1851, of some uneasiness about the head and defective vision. These symptoms increased to intense headache and almost total blindness. The eyes still continued to present their natural appearance, except that the globes were increased in fullness and prominence. The general health of the patient was good.

A number of symptoms indicated an intercranial tumor; the sub-conjunctival tissue became red and distended, so as to conceal the cornea and project from the palpebral fissure; the lids drooped, the globes were extremely sensitive to the touch, the exposed surfaces were inclined to bleed when touched, and other symptoms of posterior pressure and interrupted circulation through the ophthalmic vessels were presented. There also appeared a swelling in the right temporal region beneath the temporal muscle. As the pressure increased, the senses of hearing and taste failed, voluntary motion was impeded, and a

general apathy prevailed, although the intellect continued clear. He finally died in the month of September, about four years from the first appearance of the disease.

An autopsy revealed a tumor occupying the sella turcica, extending into the right temporal fossa and destructively involving a considerable portion of the base of the skull, including the body of the sphenoid, and part of the ethmoid, with the orbitar plate. The pathological characteristics of the case showed the tumor to be a cancerous development of the pituitary body.

Dr. M. has, with creditable research, given an account of the literature, as it exists, of the obscure diseases of this body, and we have been surprised at the amount of observation which has been recorded on pathological conditions almost unknown to practitioners. From this the following propositions are presented:

First, that the pituitary body, however largely developed in some animals, is not a primary division of the brain or a true encephalic ganglion, since its complete destruction, is never accompanied by loss of intellection, motion, or sensation, beyond what may be satisfactorily accounted for by the necessary pressure which the morbid growth exerts upon more essential parts of the encephalon.

Secondly, that, from several of the morbid processes enumerated in this memoir, we have strong proof of the identity of the nature of this hypophysis with certain, so-called, vascular glands, such as the thyroid, spleen, thymus, and supra-renal capsules.

Thirdly, that while the diagnosis of its morbid conditions is rendered somewhat obscure from the absence of any ascertained function of the part, yet their almost constant connection with the simultaneous production of amaurosis in both eyes, with absence of symptoms of cross paralysis, will indicate the seat of disease when compared to morbid states of either hemisphere.

And, fourthly, that the long continuance of disease in this situation may propagate inflammatory action to neighboring parts, followed by apathy, somnolency, syncope, cophosis, and other symptoms obscuring the diagnosis.

Novel Treatment of Diabetes.—Dr. P. H. Cabell, of Selma, Alabama, in an article in the *Maryland and Virginia Medical Journal*, gives the following account of the successful treatment of a case of diabetes:

The patient, a negro woman, aged thirty years, suffered with the usual symptoms of diabetes—thirst, great debility, progressive emaciation, and passing large quantities of urine. By the various tests, the urine was found to contain sugar.

The remedy was *her own saccharine urine*, of which she was ordered to drink all that she passed! The woman was cured by this remedy, no other being used. In eleven weeks, the specific gravity of the urine was lowered from forty to twenty six degrees. The woman stated that the urine at first was "not very disagreeable," being slightly acid and sweet, "*like lemonade*," but as she got better she found it "*a bitter dose.*"

Knowing that sugar had been used with reported success, Dr. Cabell thought that glucose might act better than cane sugar, and that the glucose prepared in the body might, from some peculiar combination or mixture with the urinary salts, be a compound that would so modify the tissues, organs, and secretions, as to allow them to return to a healthy standard.

No other theory is given for the action of this novel remedy, and it is believed the practice will not find favor with the profession. It would be difficult to find many patients who would take the dose with the same relish as the woman in the case cited.

Administration of Anæsthetics during Sleep.—To avoid excitement and alarm in children, it may be very desirable to produce anæsthesia during sleep. To accomplish this without waking a sleeping patient, a very gradual and cautious administration is necessary. Dr. J. H. Beech states, in the *Peninsular and Independent Medical Journal*, that he has thus succeeded several times. One of these cases was the extraction of a grain of corn from the nostril of a restive child, aged three years. Some ineffectual efforts had been previously made to remove it. A sponge moistened with chloroform was held near to the mouth, being careful not to touch the face. After the removal of the foreign body, the child, without being awakened, was allowed to continue its usual sleep until morning, when he awoke at the usual hour, unconscious of any thing unusual having occurred.

In the volume of the London Philosophical Transactions for 1779, a case of abdominal dropsy is mentioned, in which tapping was performed 155 times, and four hundred and sixty-six gallons of fluid were drawn off. The patient, a female, died at the age of twenty-three years.

Reviews and Book Notices.

Contributions to Operative Surgery and Surgical Pathology. By J. M. Carnochan, Professor of Surgery in the New York Medical College, Surgeon-in-chief to the State Emigrants Hospital, etc. With illustrations drawn from nature. Philadelphia: Lindsay & Blakiston, 1860.

This is the third fasciculus of this splendid work now in progress. From the original and practical character of the essays, we consider this the most valuable of the series thus far presented. These "contributions" are on Congenital Dislocations of the Head of the Femur, and on the Restoration of the Entire Upper Lip.

Dr., or rather *Mr.* Carnochan, as he affectedly prefers to be styled, has thoroughly investigated the subject of congenital dislocation of the hip joint, and this essay, with the exception of the observations of Dupuytren, is the only important literature of the subject. His first article concerning the affection, we believe, appeared in the London *Lancet* in 1844.

The proximate cause of this remarkable congenital deformity is referred to intra-uterine morbid muscular action, similar to that which produces the whole class of deformities of the articulations, such as club foot, distortions of the spine, torticollis, etc. The remote cause is referred to a morbid condition of the nervous system or centres.

The reports of two cases of restoration of the entire upper lip are interesting from their complete success, but present no novelty in the method of operating.

The lithographic and typographic elegance of the work, we have before commended. It is to be completed in ten parts, which are furnished at the very low price of seventy-five cents as issued.

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A Pious Ruse of the Doctor.—In Gleig's "Life of Wellington," it is related of Dr. Hume, that on one occasion, when the Duke had found it necessary to order that three soldiers, taken in the act of pillaging, should be hanged in the high road, as an example to others, he took counsel with one of the staff, and as three men had just died in the hospital, they hung them up in uniform, and let the three culprits return to their regiment. The Duke, in relating this story, confessed that when he was informed of the pious fraud, three months afterward, he was glad that the three lives were spared. The example had been equally effectual.—*Lancet.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 17, 1860.

☞ VOLUME FOURTH! ☜

The issue of two more numbers will complete the *Third* volume of this journal, since its change to a weekly. The Fourth volume will begin on the 7th of April.

We shall begin the new volume under very favorable auspices, having made such arrangements as will enable us to present our readers with contributions from the pens of some of the first men in the profession in this city and other parts of the country.

For the details of the plan of the Reporter, we refer our readers to the general Prospectus on the last page of cover. It shall be our constant endeavor to have the Reporter fulfil its mission, and meet, in all respects, the wants of the profession of America. The more rapidly our circulation extends the more speedily will we be enabled to do this.

PRIZES OF THE FRENCH ACADEMY OF MEDICINE FOR 1859.

Incentives to experimental investigations and inquiries, in the different departments of medicine, are held out on a scale of commendable liberality, in France, by the distribution of annual prizes to the successful competitors. These are, for the most part, bequests left at the disposal of the Academy, by the several testators. This body itself offers, also, an annual prize. That for 1859 was for the best dissertation on the following subject: "The therapeutical action of the perchloride of iron." Its value was 1000 francs, (200 dollars.) Six memoirs were sent to the Academy on the occasion; but without the author of any of them obtaining the prize. In the way of encouragement, the Academy awarded to M. Burin-Dubuisson, pharmacologist, of Lyons, the sum of $80; to M. Leon Serullas and Charles Sabaltier, house physicians (*internes*) of hospitals, at Lyons, $60; to Dr. Soufflet, of Paris, $60.

For the prize for which endowment was made by Portal, the Academy proposed the subject, in the following terms: "The pathological

anatomy of internal strangulations and the practical consequences resulting from them; in other words, a comparative study of the different kinds of anatomical alterations (hernias excepted) which present an obstacle to the passage of alvine matters, the symptoms and signs by which they may be distinguished from each other, and to apply to them an appropriate treatment." The prize was of $200. Of the four memoirs elicited by the above offer, no one came up to the requirements of the judges; but to the author of one of them, Dr. Duchaussoy, was awarded a prize of $120; to another, Dr. Henry Ernest Bernier, a gold medal, valued at $80; and honorable mention was made of Dr. Honel, curator of the Dupuytren museum.

A prize, founded by Madame de Carieux, of the value of $500, was offered by the Academy of Medicine for the best treatise on "Nervous affections depending on the syphilitic diathesis." Four memoirs were sent in; but no one alone was thought worthy of the prize, which was divided between two of the authors, viz: Dr. Leon Gros and M. Lanceron, *interne* or house physician of the hospitals. A medal of encouragement was given to Dr. Lagneau, the younger, and honorable mention made of Dr. Billon.

For the prize, value $200, founded by Capuron, the Academy proposed the following theme: "On retroversion of the uterus in pregnancy." As the competitors fell short of a successful handling of the subject, so as to answer the views of the Academy, the entire prize was not awarded; but a sum of $80, in the way of encouragement, was given to Dr. Alfred Henry Blemme; and $60, in the same manner, to Dr Achille Dehoris.

Prize founded by Baron Barbier. This prize, which is an annual one, is to be awarded to him who has discovered the best means of cure of diseases regarded generally as the most incurable at the present day—such as hydrophobia, cancer, epilepsy, scrofula, typhus fever, cholera morbus, &c. Such are the requirements laid down in Baron Barbier's will. Encouragement is to be held out to those who, although falling short of the object indicated above, have made the nearest approaches to it. Little surprise will be felt at the announcement by the Academy; that no one of the five treatises offered on the occasion merits recompense, and that, this year, neither prize nor encouragement has been granted by this body.

Prize of experimental surgery, offered by Amussat. This prize of 1000 francs, ($200,) was awarded to Dr. Ollier, for his experimental inquiries into the artificial reproduction of bone by the transplantation of periosteum, and on the regeneration of bones. On another occasion we may specify the prizes offered for the years 1860 and 1861.

THE REGISTRATION LAW.

The bill, for the registration of births, marriages, and deaths, in the city of Philadelphia, having passed both branches of the Legislature and received the signature of the Governor, has become a law. It takes effect from and after the first day of July next, 1860, and is to be carried out under the direction of the Board of Health.

We feel confident that the members of our profession in this city will take pleasure in discharging the duties incumbent upon them by the obligations of this law. It will be remembered that this is the same bill which was drawn up by a joint committee of the College of Physicians and the County Medical Society of Philadelphia in 1858, subsequently approved unanimously by both societies, and by them recommended to the Legislature for adoption.

The importance of this law of registration is too self-evident to need any argument in its favor from our pen. It is important as relates to the security of property, to the state and condition of individuals, and for a general knowledge of the health, prosperity, wealth, and growth of our population.

We do not calculate, that for the first year or two, the returns under this law will be in perfect harmony with the requirements. Like all new undertakings, it will drag heavily at the beginning; but let it have a fair trial. Its prac-

ticability has been fully demonstrated in other cities, and we do not doubt but that, as its advantages are more and more unfolded from year to year, so will the work become easier and the returns more perfect.

In a future number we will give the details of this law as far as it relates to our profession.

SUMMER INSTRUCTION.

The summer term of medical instruction in this city is about commencing with unprecedented activity, and unequaled facilities for prosecuting the study of all departments of medicine will be presented. A large number of students will remain here during the summer, and a proper appreciation of these opportunities would induce a much greater proportion to spend the season here. An element in the summer courses of lectures, is their familiar demonstrative and practical character. In addition to the numerous excellent private courses, the PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION presents a systematic course which includes the entire curriculum of the colleges, and also opportunities for obstetric practice. As much opportunity for clinical observation, in all specialties of medicine, is offered in the city as the student will find time to attend, and the hours of lectures in the Association are so arranged as not to interfere with any of the clinical courses.

THE DIPLOMA.

Hundreds of young men are at this season of the year receiving, with the sign manual of the faculties of medical colleges in all parts of the country, pieces of parchment, on which is inscribed, in Latin, something which they are told (for we doubt whether a majority of graduates in our country can translate their diplomas intelligently,) testifies their proficiency in such knowledge as is requisite to make them reliable as practitioners of the healing art.

Intrinsically, this document is not worth the five dollars janitor's fee that it costs the student. It has a fictitious value, consisting in the fact that it is the passport of its possessor to the confidence of communities in his ability to treat disease—to the bed-side of the sick, whose hope of life rests on his intelligent use of remedies—to be installed in positions in families, involving the gravest responsibilities and the most sacred trusts.

The real value of the diploma should therefore be very great, and its possessor should command and deserve the deference and respect of his fellow men. But to do this effectually, requires that he who receives the diploma should ever keep in view the fact that it only testifies to his ability *to commence* his professional career. Too many of our profession, we fear, have reached the goal of their ambition when they become possessed of this document. They care not for progress. The dollars and cents that they can make on its authority, satisfies their sordid minds, and they pursue a routine of professional life, and die, leaving no "footprints on the sands of time."

There are those, however, and we would fain hope that they are many, who, viewing their diplomas in a proper light, are stimulated by their possession to greater exertions to acquire knowledge. They will improve the opportunities these licenses to practice the healing art give them, to study disease at the bedside of the sick, compare their observations there, with those recorded in their text-books—nay, more, they will seek all the light they can find in published books and in the medical journals of the day, and establish principles of their own, founded on a thorough study of their cases, and a comparison of them with those recorded in books. Not books merely, therefore, but brain will be the text of their practice. These are the men who will make their mark in the world, and do something for the ultimate advance of medical science. How many such are going out from our medical colleges this spring, a few years will determine.

This subject suggests other thoughts, which we may take another opportunity of presenting to our readers.

PRECEPTOR AND STUDENT.

In our remarks last week, on Village Clinics, we alluded to the means of instruction in this department of Medical education, afforded in village poor-houses, and which, as we think, migt be turned to good account. A healthier ambition, on the part of physicians living in small towns, would induce them to avail themselves of opportunities of this kind for the instruction of students placed under their charge, rather than to indulge in the higher but mistaken aspirations of getting themselves incorporated into a collegiate body, with the privilege of conferring degrees. It does not, we are afraid, occur to practising physicians who receive young men into their offices, that by the very act of doing so they take on themselves the duty of preceptor, and become responsible not only to the parents and guardians of these youths, but to the profession at large, for their acquiring habits of study, and for their attention being directed into the channel of reading, and of observations most conducive to their ulterior wants. These ends are reached, not by formal and didactic discourse, but by remarks and explanation on each subject as it comes up in reading, or in the practical occurrences of the day. The analytical ought to follow immediately after the synthetical. The nomenclature and outlines of classification in chemistry and materia medica will properly constitute the first reading of the young student, but this known, and it may be committed to memory, the elements, as constituents of each separate substance, should be studied in the order, however irregular they may be, in which it is brought under his notice. When he learns, for example, for the first time, the composition of the air in and through which he lives, and that oxygen and nitrogen are united together mechanically for the purpose, it will be very easy to tell him of the several chemical combinations of oxygen with nitrogen, or the oxides of this latter, while taking down from the shelf a bottle of nitric acid, and showing it to him as the peroxide of nitrogen, or that which contains the largest proportion of oxygen. To fix more strongly on his memory the difference in the sensible and other qualities of the same elements, when combined in different proportions, he may be told, at the time, of the first degree of oxidation of nitrogen in the protoxide, and of its singular effects when inhaled, by which it has acquired the title of exhilirating gas. Another easy lesson will be taught when the novice in the shop, (we are supposing him now to be a country student) takes down, for the first time, a bottle of liquid ammonia, to make up a prescription. He ought then to be apprized of the fact, that ammonia consists of nitrogen and hydregen, and is an alkali with properties, sensible, chemical and medicinal—entirely different from the nitric acid, into the composition of which nitrogen also enters. In this way, just as the several substances come before him, will the student learn their chemical composition and characters, and with more readiness and pleasure, too, than he would gather the same information in a formal course of reading a text book or systematic work on chemistry. We can speak the more advisedly on this point from having ourselves groped our way to an elementary knowledge of chemistry in the shop of our preceptor, and with the aid of Lavoisier's works and an old time Dispensatory. It were easy and fitting for him who should act the part really of a preceptor, and not content himself with the mere title of one, to be the guide to his student, somewhat in the manner just sketched. The materials are always at hand for exhibiting also the effects of various chemical tests; and thus, the student while learning chemistry, takes first lessons, but without being told that he is doing so, in toxicology. We would not wish to burthen his memory with the name even of this branch, thus early in his noviciate. With very little pains-taking on the part of the student, and moderate assistance from his preceptor, the former will be quite prepared not only to understand, but to follow the lectures and see the application of the experiments of the professor of chemistry in the medical college in which he, after a due time, enrols himself. He will have none of the unreasonable and quite unnecessary fears of the difficulties of this branch,

and dread of examinations on it when he comes forward as a candidate for a degree.

A similarly analytical course will be pursued by the student, under the tuition of hss preceptor, in materia medica and pharmacy. Thus, for instance, when our tyro is required to make up for the first time a compound powder of jalap, called, not unaptly in our early days, antibilious powder, with the addition of sulphate of potash, he will direct his attention to the sensible and physical properties of the jalap, the country and locality whence it is obtained as a root, its resinous character, and the modification of its purgative effects by the triturations which it undergoes with cream of tartar or the bitartrate of potash. He will ascertain why this salt differs so much from other salts, such as Epsom and Glauber and Rochelle, with which he may already have made a slight acquaintance. He will learn that it is owing to an excess of the tartaric acid, and that this excess is designated by the prefix *bi* to the name of the salt in which the acid is neutralized by the alkali or potash; and thus he will get a double lesson, viz: in nomenclature and in chemical combinations. A familiar example of the union of acid and alkali to form a saline combination soon comes under his eye when he prepares a "neutral mixture," or a solution of citrate of potash. In our student days, for want of the citric acid in crystals, or of lemon juice, the lesson was taken in preparing another variety of neutral mixture, viz: by the addition of carbonate of potash to vinegar, or dilute acetic acid, giving us the acetate of potash. We were also soon made familiar with another extemporaneous saline formation, in preparing a solution of the acetate of ammonia, or spirit of Mindererus. In the volatile alkali or carbonate of ammonia used on the occasion, we had previously learned an example of the chemical union of two gases, ammonia and carbonic acid, forming a solid substance. Hoping that the old practice of country and village doctors making their own mercurial ointment and blue mass is not entirely abandoned, we would advert to our own student exercises in this work, and the belief then entertained of the articles just mentioned being protoxides of mercury. Setting out from this point, although opposed to the belief entertained at the present time, we were led to look on the shelves for the deuloxide in red precipitate, the black sulphuret in Ethiops mineral, and the red sulphuret in cinnabar,—ending our mercurial study, in the chemical line, by recognizing in calomel the sub muriate, and in corrosive sublimate the muriate or oxymuriate of mercury, for in those days chlorine was not yet received as an elementary substance capable of such a variety of combinations as we now know it to be.

If these suggestive remarks of ours are taken in the spirit in which they are offered, we shall escape the accusation of repeating common places, and get credit for showing how a preceptor may and should convert every thing that the student handles or sees before him in the shop into a theme for direct scientific instruction. The student will learn the qualities and pharmaceutical uses of every article near him, in the same manner in which, in tender age, he learned to speak, and acquired the meaning of words; that is, in proportion as his wants increased, and as the field of observation became more extended. We hope, on future occasions, to develope still further our views of the manner in which preliminary medical education shvuld be conducted, both in the interest of students and of the medical schools to which they, in the end, resort.

MEDICAL COMMENCEMENTS.

This is the season of medical commencements. Last week we noticed that of the Medical Department of Pennsylvania College; and this week several more, in this city and New York, claim a brief notice in the order of their occurrence.

NEW YORK MEDICAL COLLEGE. — The Eighth Annual Commencement of this College took place on Thursday evening, March 1st, in the lecture-room of the college. The degree of Doctor of Medicine was conferred by the President, Dr. Horace Green, on *twenty* candidates. The honorary degree was conferred on Samuel T. Parker and Campbell Morfitt,

of New York; Thomas Garrett, of Pennsylvania; and Rev. A. G. Shears, of Connecticut. The valedictory address was delivered by Samuel J. Tilden, Esq.

MEDICAL DEPARTMENT OF NEW YORK UNIVERSITY.—The Annual Commencement of this popular institution was held on the evening of the 7th inst., in the chapel of the University building. The degree of Doctor of Medicine was conferred on *one hundred and thirty-eight* young gentlemen, 77 of them being from the Southern States, 52 from the Northern, and 9 from the British Provinces. The Hippocratic oath was administered to each graduate. Certificates of honor were issued to those graduates who had diligently attended all the courses of lectures, including the extra or optional course. Next followed the distribution of the medals and prizes. First came the "Mott Medals," one in gold, for the candidate who had prepared the best dried anatomico-surgical preparation. This was awarded to Dr. Samuel F. Speir, of New York. The silver medal, to the student who made the second best preparation, was given to Dr. John M. Richmond, of South Carolina. The third, or bronze medal, to the candidate who furnished the best book of recorded cases of either of the surgical clinics, was awarded to Dr. Samuel W. Francis, of New York.

The Van Buren Prizes, offered by Dr. Van Buren to the two students who had made the best dissections on the recent subject, were bestowed. The first prize, consisting of a handsome case of *post mortem* instruments, and $50 in money, to Dr. J. M. Richmond, of South Carolina; the second, a case of *post mortem* instruments, to Dr. Samuel F. Speir, of New York. The Metcalfe Prizes were awarded to Mr. H. M. Sprague, of Connecticut, who got the first, a large case of instruments; and to Mr. S. F. Ferguson, of New York, who obtained the second, a pocket-case of instruments.

The Valedictory was given by the venerable Dr. Valentine Mott.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.—The Fifty-third Annual Commencement of the College of Physicians and Surgeons took place at Dr. Parker's church, in Fourth avenue, on Thursday evening, March 8th. The candidates for graduation, *fifty-five* in number, were presented by Dr. John C. Dalton.

Dr. Delafield, President of the College, having inquired of the trustees and faculty, and being answered that the candidates named were recommended, addressed the candidates as follows:—"Do you solemnly promise and declare, before God and this assembly, that you will be diligent, attentive, and faithful in the discharge of the several duties of your profession; tender and compassionate to your patients; that you will exercise all your skill and care; that you will be moved by no consideration to administer medicine for improper or pernicious purposes; and that you will inviolably keep the secrets which may be confided to you in the exercise of your profession—these things you do promise." In addition to this, the Hippocratic oath was administered to the candidates in Latin.

The president then addressed to the graduates some words of counsel and encouragement.

Prof. J. M. Smith next announced the faculty prizes. The first prize was for a thesis on Imperforate Anus, by Erskine Mason, A. B., New York city. The second prize of $50 was awarded to Edmund C. Ver Meulen, of New Jersey. Both announcements were received with vociferous demonstrations of applause. The faculty made honorable mention of the thesis on General Pathology of Cancer, by E. B. Barrett, A. B., of Massachusetts—of Cortlandt Hoppin on Fœtal Inoculation, and of E. Irving Ford on Diagnosis.

Prof. Clarke announced the award of the munificent prize founded by Jacob Harsen, M. D, of New York, one of the Alumni. This prize consists of a gold medal worth $50, and $100 in cash, and was awarded to J. Lawrence Hicks, for a carefully composed report of the Clinical Instruction in the New York Hospital. The award was received with demonstrations of approval, and also the announcement that, in future, the fund would admit of a second prize of $25, and a certificate of approbation, and also certificates to unsuccessful competitors deserving of mention.

Dr. A. H. Stevens, formerly president of the college, announced that he would found a prize of $100 for the best preparation and illustration of the physiology and pathology of the larynx.

Seth Lyman Chase, M. D., of Connecticut, one of the graduating class, delivered the valedictory; and Thomas W. Markoe, M. D., of the class of 1841, delivered the address to the Alumni.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.—The Annual Commencement of this institution was held in the Musical Fund Hall, in this city, on Monday, March 12th, when the degree of Doctor of Medicine was conferred on *one hundred and seventy* graduates, by Hon. Edward King, LL.D., President of the College. An address of congratulation was made to the graduates by Prof. Dunglison, Dean of the Faculty. The valedictory was given by Prof. Gross.

Although this was a very large class, the number of graduates would have been much greater, but for the panic of last December, by which about one hundred and forty students left this college for southern schools. Many of these would have been candidates for graduation, and probably swelled the number to something over two hundred and seventy The graduating class of last year was two hundred and fifty-six, and the matriculating class of the present year was the largest that ever entered their names on the books of this or any other medical school.

THE AMERICAN MEDICAL ASSOCIATION

Will hold its thirteenth annual meeting, at New Haven, on the *first Tuesday of June*, 1860.

The Secretaries of local societies, colleges, and hospitals, are requested to forward to the undersigned the names of delegates, as soon as they are appointed.

STEPHEN G. HUBBARD, M. D.,
Secretary.

New Haven, Ct.

Correspondence.

In the "Periscope" of the 23d No., Vol. 3 of the MEDICAL AND SURGICAL REPORTER, several cases of adults are recorded in which neither of the testicles had descended and no spermatozoa were found in the spermatic fluid ejected. Of these, Mr. Curling reports one, and Mr. Partridge two cases. The usual manifestations of virility existed, but all were childless. That the absence of spermatozoa, and the consequent inability to procreate, is not an invariable consequence of the retention of the testes within the abdomen, I would mention the case of an individual residing in the interior of this State who is the father of several children, and whose sexual desires are unusually strong.

Yours, &c.,
D. GILBERT, M. D.

Philadelphia, March 15, 1860.

News and Miscellany.

List of Delegates to the Convention for Revising the Pharmacopœia.—We have received the following communication from Dr. George B. Wood:

To the Editors of the Medical and Surgical Reporter:

GENTLEMEN:—The weekly issue of your journal affords the opportunity of publishing a complete list of Delegates to the Convention for Revising the Pharmacœpia, to meet at Washington on the first Wednesday in May next, so far as their names have been sent to me up to the present time. The lists hitherto published have been more or less imperfect, in consequence of the necessity of sending the names in time for insertion in the journals issued at the beginning of March. I have received notices of the following appointments:

From the *Medical Association of Maine*, Drs. Alonzo Garcelon, W. T. Cummings, and A. F. Fuller.

From the *Massachusetts College of Pharmacy*, Messrs. Theodore Metcalf and Charles F. Carney.

From the *Connecticut Medical Society*, Drs. Henry Bronson, N. B. Ives, and Gordon W. Russel.

From the *Medical Society of the State of New York*, Drs. E. R. Squibb, Howard Townsend, and Caleb Green.

From the *New York Academy of Medicine*, Drs. B. W. McCready, E. H. Davis, and E. R. Squibb.

From the *College of Pharmacy of the City of New York*, Messrs. William Hegeman, Alex. Cushman, and John Meakim.

From the *Medical Society of the State of Pennsylvania*, Drs J. Augustus Ehler, Wilmer Worthington, and W. R. Finley.

From the *College of Physicians of Philadelphia*, Drs. Geo. B. Wood, R. P. Thomas, and Robert Bridges.

From the *University of Pennsylvania*, Drs. Joseph Carson, R. E. Rogers, and Joseph Leidy.

From the *Jefferson Medical College of Philadelphia*, Drs. Franklin Bache and T. D. Mitchell.

From the *Philadelphia College of Pharmacy*, Messrs Wm. Procter, jr., Edward Parrish, and Alfred B. Taylor.

From the *Faculty of Physic of the University of Maryland*, Professors Samuel Chew, Charles Frick, and Wm. E. Aikin.

From the *Maryland College of Pharmacy*, Messrs. G. W. Andrews, Israel J. Grahame, and Alpheus P. Sharp.

From the *Medical Society of the State of North Carolina*, Drs. Wm. George Thomas, Peter E. Hines, and Edward Warren.

From the *Cincinnati College of Pharmacy*, Messrs. E. J. Wayne, W. S. Merrell, and W. J. M. Gordon.

From the *Chicago College of Pharmacy*, Professors F. Scammon, J. H. Rauch, and George Buck.

GEO. B. WOOD,
President of the Convention of 1850.

Officers of the Northern Medical Association of Philadelphia, for 1860.—President, Dr. Joseph R. Bryan; Vice President, Dr. L. P. Gebhard; Treasurer, Dr. J. Henry Smaltz; Recording Secretary, Dr. Wm. B. Atkinson; Corresponding Secretary, Dr. Wm. Mayburry; Reporting Secretaries, Drs. J. M. Eagleton and Wm. B. Atkinson; Counsellors, Drs. N. L. Hatfield, Jos. R. Bryan, L. Curtis, J. Rhein, and A. M. Slocum.

Medical Prizes.—The annual award of the "Wood" and "Elliott" prizes for the best anatomical preparations, took place at Bellevue Hospital, New York, on the 7th instant. These prizes, founded by Dr. James R. Wood and Dr. George T. Elliott, are open for competition to the students of all the Medical Colleges in the city. The first Wood prize, of $50, was awarded to Drs. Sheady and Bryson, of the College of Physicians and Surgeons, jointly, for a full length male preparation. The second Wood prize, of $25, was awarded to Dr. Spier, of the University Medical College, for a preparation of the head and chest. Dr. Pomeroy, a student in the office of Dr. S. W. Dana, also presented a preparation of the facial nerve, which elicited high commendation, and for which the committee awarded him a gratuity of $25, The only competitor for the Elliott prizes, which are confined to preparations of the female pelvis, was Dr. Boughton, of the College of Physicians and Surgeons, to whom was awarded $50 for a beautiful preparation of the *pelvic fasciæ*. The prizes were accompanied by diplomas, with the signatures of the Professors of Anatomy and Surgery in the different colleges. At the close of the presentation, appropriate remarks were made by Drs. Mott, Francis, Stevens and Sayre. The preparations which drew the above prizes, and which, like those that have preceded them, are on permanent exhibition at Bellevue, show a high proficiency in this most difficult art, which it is the object of these prizes to encourage.

Health of Liberia.—Health has prevailed generally during the year, with some exceptions, among the recent emigrants, and diminished for several months in Monrovia and its vicinity by the existence of small-pox, exciting alarming apprehensions, and increasing the usual mortality. This disease prevailed as an epidemic at Sierra Leone, and swept off a large proportion of the European population, among them the excellent English Episcopal Bishop for Western Africa. To all emigrants to Africa the experience and testimony of Mr. Seys is deserving of consideration. Under date of August 19, he writes:

"I never enjoyed better health in my life than I have during the last two months and a half. I do not remember at any time during my former residence of years in this country enjoying as long an interval between attacks of African fever as I have recently, and I am very sanguine in the belief that if I continue, with the Divine blessing, to be *temperate in all things*, I shall be enabled to live and work in Africa with as much physical and mental vigor as I would in any part of the United States. I emphasize "temperate in all things," because it cannot be denied—nay, it ought to be published—that men come here both of our complexion and of African descent, who practice the opposite, and despite all advice and counsel from others, act and move, eat and drink, travel in all kinds of weather, and live as if they thought all men mortal but themselves. They die soon, and the African climate bears the blame."

Proportion of the Sexes in Providence.—Dr. Snow, City Registrar of Providence. R. I., says: Of the 1,593 children born in Providence in 1859, there were 825 males and 768 females. This gives 107.4 males to every 100 females, or 51.8 males and 48.2 females in each 100 children born. These are almost exactly the average proportions in this city during six years past.

But there is a most remarkable difference in this respect between the American and foreign children, the explanation of which is not so obvious. Of the children of American parents, born in 1859, there were 102 males to 100 females, while of the children of foreign

parents there were 111 males to 100 females. Can those who are interested in the subject give any explanation of this remarkable difference?

Ages of Literateurs.—The following are the ages of some living English writers: James Hannay, 32; Julia Kavanaugh, 35; Matthew Arnold, 35; Florence Nightingale, 36; Rev. C. Kingsley, 40; Capt. Mayne Reid, 41; G. H. Lewes, 42; Tom Taylor, 42; Shirley Brooks, 43; Prof. Aytoun, 46; R. Browning, 47; C. Mackay, 47; C. Dickens, 47; W. M. Thackeray, 48; A. Tennyson, 49; Fanny Kemble, 49; Sir Archibald Alison, 49; Mark Lemon, 50; Edward Miall, 50; R. M. Milnes, 50; W. E. Gladstone, 50; Hon. Mrs. Norton, 51; Charles Lever, 53; Prof. Maurice, 54; Sir E. Bulwer Lytton, 54; Benjamin Disraeli, 54; Harrison Ainsworth, 54; Mary Howitt, 55; H. Martineau, 57; Mrs. Gore, 59; S. H. Hall, 59; Mrs. Marsh, 60; Barry Cornwall, 60; Samuel Lover, 61; Albany Fonblanque, 62; Rev. G. R. Gleig, 63; T. Carlysle, 64; W. Howitt, 64; Sir John Browning, 67; Rev. H. H. Milman, 68; J. P. Collier, 70; Francis Trollope, 72; W. J. Fox, 73; Sir W. Napier, 74; Rev. Dr. Croly, 74; Lord Brougham, 81; and Walter Savage Landor, 84.

Fossil Footprints on the Sandstone.—A volume of great interest to the naturalist and geologist is preparing for publication by Messrs. Little, Brown & Co., of Boston. It will contain photo-lithographic plates of the fossil footprints found in the Connecticut River sandstone. The work was commenced by the late Dr. Deane, of Greenfield, Mass., the first observer of these geological phenomena, and will be issued under the superintendence of Dr. Gould, Dr. H. I. Bowditch, and other scientific men, for the benefit of Dr. Deane's family. The volume will be got up in the style of Agassiz's "Contributions," containing at least forty plates. A letter from Sir Roderick Murchison has been received, expressing his high sense of the value of these scientific data, and his anxiety for their publication.—*Amer. Pub. Circular.*

A Queer Parlor Inmate.—Miss Fuller, in a late letter from Europe, mentions having become acquainted with Doctor Southwood Smith, the well known philanthropist. "On visiting him," says the lady, "we saw an object which I had often heard celebrated, and had thought would be revolting, but found on the contrary an agreeable sight; this is the skeleton of Jeremy Bentham. It was at Bentham's request that the skeleton, dressed in the same dress that he habitually wore, stuffed out to an exact resemblance of life, and with a portrait mask in wax, sits there as assistant to Dr. Smith, in the entertainment of his guests and as the companion of his studies. The figure leans a little forward, resting the hand on a stout stick which Bentham always carried, and had named 'Dapple.' The attitude is quite easy; the expression of the whole mild, winning, yet highly individual. It is well known that Bentham, in order to oppose, in the most convincing manner, the prejudices against dissection of the human subject, willed his body to the surgeons, and in a codicil, subsequently written, made a final bequest of his skeleton to his friend Dr. Smith."

The New Arctic Exploration.—Dr. I. I. Hayes, surgeon of the Kane Arctic Expedition, hopes to be ready for a start in the month of May next for another voyage to the North Pole. Dr. Hayes has already raised the $10,000, one-half of the necessary sum, from the generous contributions of his personal friends, and hopes to secure the rest from the liberal public at large. To assist him in this endeavor, the Geographical and Statistical Society have appointed a committee of leading merchants and other well known citizens (among them Henry Grinnell,) and there is reason to hope that the appeal will not be made in vain. The special object of Dr. Hayes' proposed expedition is to determine at once and forever the question of an open Polar Sea, which Lieut. Morton saw, and the existence of which would seem to be established by a variety of circumstantial evidence. This sea Dr. Hayes hopes to reach by making the principal portion of the trip on dog sledges—vehicles by which he and his associates rode over a thousand miles on the previous expedition.

The Late Dr. Todd.—We recently announced the death of Dr. Robert Bentley Todd. The following particulars of his illness and the circumstances attending his death we copy from the *Lancet* of Feb. 4th.

The medical profession and the general public have sustained a sudden and severe loss in the unexpected death of Dr. Robert Bentley

Todd. The few facts of his short illness are as follow :—

Summoned into Wales to visit Mr. Crawshay, the eminent iron-founder, Dr. Todd returned to Shrewsbury on Sunday last, where he was obliged to spend the night. In the evening an attack of vomiting occurred, and a quantity of blood was voided from the stomach. Nevertheless, with characteristic energy, Dr. Todd reached town by an early train on Monday morning, and received patients as usual, although feeling far from well. Dr. Liveing, who happened to call, endeavored to persuade him to give up his afternoon round of visits, but without success; and just as Dr. Todd was about to leave his house, a fresh attack of hæmatemesis came on, and he was removed to bed. Dr. Watson, Dr. Latham, Dr. Armitage, and Mr. Bowman were immediately sent for, and hopes were at first entertained (contrary to the patient's own opinion) that the attack would pass off; these, however, proved fallacious, as the hæmorrhage continued, and he breathed his last at eight P. M. on Monday, January 30th.

Thus, in the prime of life,—for he was only fifty-one,—and in the full blaze of success and prosperity, has one who could be little spared been taken from us. No man was more endeared to his numerous pupils, and for no one will more genuine grief be felt. It is but six weeks since Dr. Todd delivered his farewell lecture at King's College Hospital, on resigning the post of physician; and those who then heard his clear and succinct views on the proper nature of clinical teaching, in which he himself was so great an adept, but little thought they heard him for the last time, and that the adieu then so kindly and feelingly made was to continue for ever on this side the grave.

A post-mortem examination, made on Tuesday evening by Dr. Beale and Mr. John Wood, revealed immense congestion of, and hæmorrhage into, the stomach, duodenum, and ileum; and the liver presented symptoms of advanced cirrhosis. The kidneys were enlarged, and much congested. The chest and head were not examined.

Sanitary Science.—What Sanitary Science has done, and has yet to do, may be gathered from the following facts. The science is quite of modern date; but since the application of its simplest principles, the cleansing of streams, drainage of houses, and introduction of pure water, the following evidence of benefits resulting has been given us: In Liverpool the mortality had fallen from 37 in the 1000 to 27; in Bradford from 28½ to 22; in Gloucester, from 27 to 24. Taking an average of nineteen towns which had been treated in this way, it was found that the death-rate dropped from 28 in the 1000 to 21. Croydon was taken in hand scientifically some time ago; and since then an average of 196 lives have been saved in the town every year! The mortality among the pauper infants and pauper children in the metropolitan unions has been enormously reduced. In the Military School at Chelsea a death-rate of nine in the thousand has been brought down to one of four. The female prisoners at Brixton, who live under sanitary rules, are three times as healthy as the poor needle-women of London; and at Pentonville, notwithstanding the allowance to be made for moral depression, the death-rate is only one-third of that prevailing in populous towns. But still there is a great work to be done; for as we are told, authoritatively, that at least 100,000 persons die annually in these islands at premature periods and by preventible deaths; and at least 1,000,000 more are wasted and debilitated from similar causes. Talk of war, indeed! why what battle or contests ever wrought havoc like this; havoc, be it remembered, not occurring at intervals, like an exceptional calamity, but carried steadily and incessantly through the ranks of our population? And we have still to remember the lesson taught us by the Crimean war. In that war we lost altogether 20,800 men; but of this number 5,000 only were slain by the enemy. All the rest, 15,800 soldiers, fell victims to privation and disease.—*Med. Tim and Gaz.* es

The London *Lancet* publishes a letter from Prof. Owen, containing an announcement that he is about to publish a collection of those manuscript works of the illustrious John Hunter, the original of which were destroyed by Sir Everard Home.

Dr. Gideon B. Smith, of Baltimore, writes to the *National Intelligencer*, that the locusts will appear extensively this year. They will make their appearance in that portion of Pennsylvania bounded by Peters' Mountain on the south, Mahantango Mountain on the north, the Delaware river on the east, and the Susquehanna river on the west.

Dr. N. Bozeman has removed from Montgomery, Ala., to New Orleans.

To Correspondents.

Dr. W. E., Alabama.—The cost of sending instruments by mail is six cents an ounce for any distance within the United States.

Dr. G. M., Indiana.—We are not aware that any surgeon in this city uses exclusively, or advocates the exclusive use of chloroform as an anæsthetic. Chloroform alone is occasionally administered, and some give the mixture of ether and chloroform in proportions of one to three by weight, and this mixture seems to be growing in favor. The majority of practitioners, however, use, and have alone confidence in the safety of pure sulphuric ether.

COMMUNICATIONS RECEIVED.—*Arkansas*,—Dr. Geo. W. Lawrence, (with encl.)—*Connecticut*,—Dr. C. C. Foote—*Florida*,—Dr. T. Sumter Means—*Iowa*,—Dr. E. J. Fountain—*New Jersey*,—Dr. S. R. Smalley, (with encl.)—*New York*,—E. Queru, (2,) S. Birdsall, Dr. S. D. Willard, Dr. Harvey B. Wilbur—*North Carolina*, Dr. J. H. Williamson—*Pennsylvania*,—Dr. R. S. Myers, (with encl.)—*Rhode Island*,—Dr. E. M. Snow—*Wisconsin*,—Dr. T. P. Davenport.

Office Payments.—Dr. T. B. Cooper, Dr. E. Harris, (of N. Y.,) Female Medical College, Baker & Co., (adv.,) Dr. D. Thompson, (of Tenn.,) Dr. C. L. Minster, Dr. J. R. Earhart, Dr. T. R. Simpson, (of Ohio,) Dr. H. E. Brannin, (of N. J.,) Dr. Geo. B. Wood.

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MARRIAGES.

BLAIR—HOWARD.—In Ocala, Fla., March 1st, by Rev. Charles B. Jones, Dr. Hugh A. Blair, Professor of Anatomy in the Oglethorpe Medical Oollege, Savannah, and Miss Maggie A. Howard, of the former place.

BOND—MCCALL.—On March 8th, 1860, at Christ Church, by the Rev. Dr. Dorr, Francis E. Bond, M. D, of Montevideo, S. A., to Miss Sarita McCall, of this city.

FUSSELL—MIDDLETON.—On the 6th inst., by Rev. Samuel Durburrow, Morris Fussell, M. D., to Sallie T. Middleton, both of Chester county, Pa.

DEATHS.

OTTO.—Suddenly, in this city, on Friday evening, 9th instant, Eliza, relict of the late Dr. John C. Otto.

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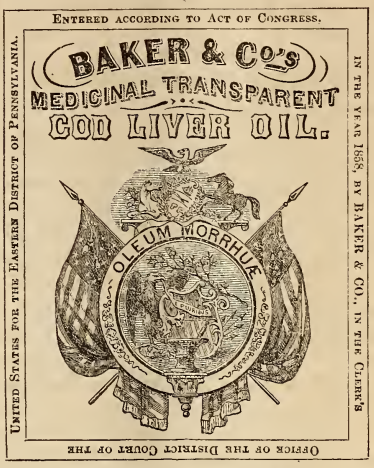
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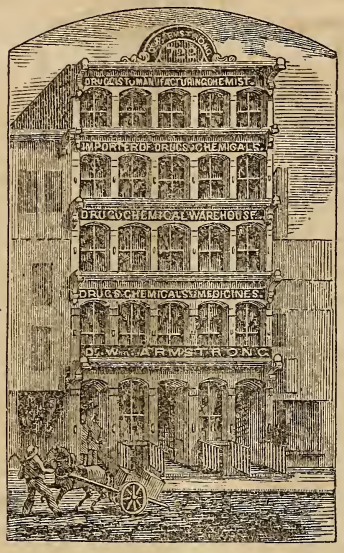
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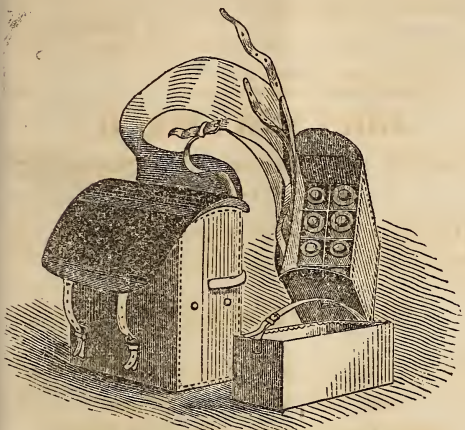

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MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—*a useful Artificial Hand* and *Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your *unequaled* "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,
Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

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WILLIAM GIBSON, M. D.
Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, *the opinion* entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their approbation and admiration of the Apparatus for Club Feet. (No. 3172,) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

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The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

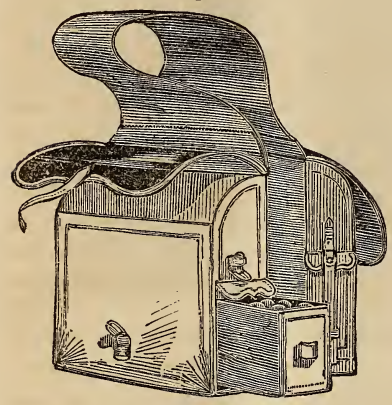

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	"	20	"	9.50
"	"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

Bags containing	32	vials,	$12.00
"	28	"	11.00

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Pil. Rhei Comp.:	Pil. Calomel	Hooper's Female Pills:
Pil. Assafœt.:	Pil. Calomel Comp., (Plummer's:)	Pil. Quin. Sulph., 1 gr.:
Pil. Assafœt. Comp.:	Pil. Copaibæ:	&c.
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GRANULES of Morphia, Strychnia, Atropia, Digitaline, Arsenious Acid, Elaterium, and other concentrated Medicines.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 179. } PHILADELPHIA, MARCH 24, 1860. { NEW SERIES VOL. III. NO. 26

ORIGINAL DEPARTMENT.

Communications.

Report of an Accidental Case of Poisoning by Aconite.

By F. McGrath, M. D.,
of Pittsburgh, Pa.

From its comparatively rare occurrence, I am induced to report the following case of poisoning which has come under my notice.

Mr. P——n, a gentleman aged about 50, had been for two years past an invalid, suffering from a complication of diseases brought on by cold and neuralgia. While in pursuit of his business on the Ohio river, the most intolerable of his maladies, and of course that most complained of, was hemicrania. He had sought the aid of several physicians with more or less advantage, but without permanent benefit. Latterly he was using internally a tonic with some apparent, or at least fancied improvement, prepared in such form that for convenience a teaspoonful formed the dose, which he took three times daily in infusion of taraxacum. Other remedies were prescribed, among which was the tincture of aconitum napellus for application externally to the parts affected with neuralgia. He had been under this treatment but a short time when the accident occurred which terminated his sufferings on Wednesday, the 14th inst. At noon he told his son, a lad of some 14 years, to give him his medicine. The boy unfortunately took up the vial containing the aconite, and thoughtlessly filling a teaspoon, mixed it with the infusion, and handed it to his father, who drank it off; but no sooner was it swallowed than he perceived from the acrid tingling sensation on the mouth and fauces that a terrible mistake had been made; he immediately took largely of salt water, ipecacuanha, &c, to excite vomiting, and sent to inform me of his condition. I saw him soon after; he had vomited freely, but was in great distress from pain in the epigastric region and the burning tingling sensation in his throat, with general numbness and feeling of cold; the expression of countenance was little altered, for he had long been a martyr to pain; the pulse was quick and thready, extremities very cold, the nails blue; he still vomited violently, and had several alvine discharges; he was perfectly conscious; said he was dying. His restlessness was so extreme as seriously to interfere with our efforts to restore warmth. The vomiting had now fairly exhausted him; I was anxious to get in some warm stimulants, but the power of deglutition soon began to fail, and he seemed unwilling to make the effort. I, however, got in some brandy in almond emulsion and succeeded in restoring heat of surface by frictions and such other means as occurred to me at the moment; I felt gratified at the apparent improvement in his state, and began to entertain a hope of saving life, when suddenly my attention was attracted to the state of his eyes; they were turned strongly upward; he had then, though lying in an easy recumbent position, fainted; the heart had ceased to act; a few faint efforts to breathe and all was over. Paralysis of the heart had supervened; at the request of one of his former medical attendants a post mortem examination was permitted, which, though it revealed nothing as regards any effects of the poison, yet an amount of chronic disease of the heart, liver, stomach and kidneys was found, more

than sufficient to account for his protracted sufferings, and the failure of medicine in his case to afford more than mere temporary relief. In this instance a teaspoonful of the tincture of aconite almost immediately ejected from the stomach by vomiting, destroyed life in three hours. I cannot help thinking, however, that in his diseased and debilitated condition a much smaller dose would have proved equally fatal.

On the Extract of Hemlock (Conium Maculatum) in the Treatment of Gonorrhœa.

By A. H. STEPHENS, M. D.,
Of Camden, Ohio.

I am induced to give to the public, through your columns, my experience in the use of that very old remedy—hemlock, in the treatment of that very unpopular (in this locality at least) disease, gonorrhœa! Hoping that some of those, more *favorably* located, more familiar with the disease, and, of course, better qualified than myself, may be led to investigate and report the result of such investigation, that the profession at large may become better acquainted with the therapeutic properties of this very important remedy.

Case 1. B——, aged 27. Of sanguineous temperament. Applied Feb. 2d, three days after a suspicious intercourse. Complains of burning and pain in micturition; some tenderness of testicles. Running the finger along the urethra, from perineum to the glans of the penis, I forced out about half a teaspoonful of thick yellow pus, characteristic of gonorrhœa. Directed

℞. Potassæ bitart. ℥ii.
Potassæ nit. ℥ss.
Ant. et pot. tart. gr. ii. M.

Sig. Take a teaspoonful 3 times a day. Use argent. nit., gr. ii; aquæ, f℥i, as a wash for the urethra.

The medicine produced free purging, considerable nausea, and in four days reduced somewhat the acute symptoms, changing the discharge to a thin transparent fluid, moderating the pain and frequency of micturition. He was then placed on the usual "teaspoonful three times a day" of copaiba emulsion, which he used for ten days, without any ameleration of his "troubles," save a thickening-up of the discharge to about what it was at the commencement of the disease. At this time my attention was called to a communication of Dr. Staats, of Albany, recommending the hemlock, and I determined to test it in this case. He accordingly took ext. conii. ℥ii, divided into twenty pills—two every two hours, discontinuing the local wash of nit. argent. In forty-eight hours the discharge diminished one-half; but the giddiness and distress complained of, induced me to reduce the dose one-half, which he continued taking for two days more, when the discharge ceased, and the urethra appeared perfectly clear of inflammation. And now, three weeks after discontinuing the medicine, he says he has no trouble whatever, and is perfectly well.

Case 2. H——, aged 40. Applied three weeks ago. A case of ordinary gonorrhœa. Had been using for a week previous to applying, copaiba and cubebs, with injections of zinc and morphia, without any benefit. I placed him at once on the use of gr. xii. ext. of conii every two hours, discontinuing all other medicines. In three days the discharge diminished materially, and in five days the man reported himself entirely well.

Case 3. Was a case of rather more than an ordinary amount of inflammatory symptoms. After a free purging with calomel and comp. powd. jalap, he was given the ext. conii, in the usual dose of gr. xii every two hours. The discharge diminished gradually from the first day until the sixth, when the patient was perfectly cured.

---o---

Lamarck, the celebrated Naturalist, whose doctrines of progessive development were once popular, remarked, in illustration, that "the efforts of some short-necked bird to catch fish without wetting himself have, with time and perseverance, given rise to all our herons and long-necked waders."

He might have argued, with similar reasoning that the efforts of the same bird to keep its tail from getting wet while wading, had stretched its legs, and hence, with time and perseverance, have been produced all our long-legged waders!

Dr. Langer and the Scott County (Iowa) Medical Society.

To the Editors of the Medical and Surgical Reporter.

Your journal of Feb. 25th, contains an article entitled "External Manipulation of the Fœtus in Utero, to rectify supposed mal-positions—Vindication of the Scott County (Iowa) Medical Society, in expelling a member for alleged unprofessional conduct." (Official.)

I desire the use of your columns to notice the article thus headed. And, as the discussion is beginning to take a wide range, it may be well to look at some facts, bearing directly upon the controversy, between the Scott County Medical Society and Dr. Langer.

The first point to be noticed is, that a practice has been introduced and recommended to the medical profession, not only by various well known Continental medical authorities; but also approved and taught by British and American lecturers on obstetrics—by which, to rectify certain mal-positions of the fœtus in utero, by external manipulations. By some this operation is advised in the later months of pregnancy; by others, not till the patient is actually seized with the pains of labor. A single authority will suffice to prove this: (Caseaux, Accouchments, Paris, 1853, p. 839, and the following.) This author recommends the practice during the last months of pregnancy, as well as during actual labor. I quote his language: "External manipulations wisely directed are often sufficient to rectify such mal-positions."

No fiat of any County Medical Society can annul the fact that the employment of external maniupulations, *even in the last months of pregnancy*, has been recommended by eminent medical authorities. It matters not, that such practice has been opposed (if it has) by authorities equally or still more distinguished. It matters not that the Scott County Medical Society, while announcing to the medical public that they have "never denied the possibility or propriety of turning by external manipulation *at the time of labor*," does stigmatise the practice "as *unnecessary and dangerous, and highly immoral and disgusting.*"

Dr. Langer, the subject of the Scott County Medical Society's discipline, is a Hungarian physician, who has been in this country for several years; a portion of the time engaged in the active practice of his profession. I have before me, while I write, properly authenticated copies of his diplomas, from the University of Vienna, as a physician, surgeon and obstetrician. I have also the certificates of his having served as a surgeon-in-chief of a division of the Hungarian army, during the brief period of the revolution; and in which "his courage, his energy, his skill and experience" are specially commended.

His appointment and professional rank in that army were the result of his previous professional success in private practice. When it is added, that he was for some time connected with the lying-in-hospital of Vienna, where the number of patients annually treated is reckoned by thousands, it can hardly be doubted that he is a well educated and competent medical man.

Since his residence in Iowa, he has been one of the censors of the State Medical Society, and also, I believe, an honorary member of the St. Louis Medical Society. He was last year an accredited delegate to the American Medical Association. That body having listened to a brief paper of his, upon the administration of remedies by sub-cutaneous injections, he was appointed chairman of a committee to prepare a report upon the subject, to be read at the next annual meeting at New Haven. Thus much for Dr. Langer's professional standing and reputation. I will now add a brief statement of the circumstances of the particular case, which led to his expulsion from the Scott County Medical Society.

In April, 1859, he was called to attend a lady, who supposed herself in labor, at the end of the usual period of pregnancy. I quote the language of the lady herself, in a letter addressed to Dr. Langer, and since published in the New York *Medical Press*, Jan. 28th.

"I sent my husband to give you notice, that *I was in labor.* After an examination, you informed me and my husband, of the mal-position of the fœtus; which explained to me the different feelings, this time, from the former four pregnancies. At the same time you asked leave to try and correct the

mal-position, by external manipulation, to which consent was readily given. I felt a change and observed a difference in the shape of the abdomen, and relief from the false labor-pains, after these manipulations. You succeeded in correcting the mal-position, to my satisfaction, and the well-doing of the child. You behaved *properly and gentlemanly*," &c.

The above statement the lady has verified under oath, and with these additional facts: That she never had any conversation with Dr. Langer, till she sent for him, when she supposed herself in labor, That she sent for him, at three different times, with this same impression; That he had never made any examinations, except when thus summoned; That he did not alarm her by his language or conduct; That owing to the fact that he had a lame finger, he did, at the third visit, request permission to call counsel, to assist in any necessity that might arise for further interference, in the progress of the labor; That, owing to her objections to the three different physicians of Davenport, whose names were suggested by Dr. L., Dr. Gregg, of Rock Island, was finally summoned. Several hours after this visit of Dr. Langer, when the consultation was decided upon, Dr. Gregg called in company with him. The lady was then up and about the house. On the arrival of the physicians, Dr. Langer again made an examination, after which, he requested Dr. Gregg also to make an examination, per vaginam, saying, at the same time, that "he thought he had rectified the mal-presentation."

Dr. Gregg did as he was requested, found the mouth of the womb not open, and then assured the lady and her husband that "all was right," and both gentlemen left; the one to return to Rock Island, and the other to await a re-summons to the bed-side of his patient. This took place within forty-eight hours, when the lady was safely delivered.

Dr. Gregg though, it seems, not satisfied with the conduct of the case, on meeting a relative of the lady, in reply to an inquiry, very kindly and civilly said, that "she was doing well, and that she was in good hands."

Now taking the sworn statement of the lady and her husband, it will be seen that the case was precisely such an one as was best suited for the operation of "cephalic version, by external manipulation," a method though not common in this country, yet taught by the medical instructors of Dr. Langer in Vienna, and sanctioned by various authors in his library.

But the case, as a question of medical ethics, is not materially altered, if we suppose that the lady was mistaken, in some respects. It was at the end of the usual period of pregnancy, and she sends for Dr. Langer, in consequence of what proved to be false labor-pains; relating to him, that she had experienced unusual feelings, and noticed a difference in the shape of her abdomen.

As it has been remarked by an American authority (Dr. Elliot) that "this practice demands an accurate knowledge of the various positions of the fœtus in utero, and a habit of appreciating its various parts through the abdominal walls"—in short, very nice discrimination, it would be no serious disparagement of Dr. Langer's professional skill (and for that matter Dr. Gregg's, also) if we also suppose, that he too was mistaken, as to the nature of the presentation, or the case generally. The fact that Dr. Langer, himself, for a reason already mentioned, requested that another physician should be called in (and this is sworn to by the parties) *is conclusive evidence that he acted in entire good faith* toward his patient, and that he regarded it as a sound practice.

Other facts are equally conclusive upon this point. Dr. Langer's accusers do not presume to disparage his general professional skill or reputation. Nor is it alleged, that he has in any instance, beside this one, applied the obnoxious practice. For though he is in general obstetrical practice, he has had no occasion for its employment. If he had adopted it as an empiricism, to acquire notoriety, would the Society have been limited to a single count in their first indictment? That he was not prompted to apply external manipulations in this particular instance, by any morbid and lustful propensities, is equally evident from the sworn statement of the lady and her husband, from which I have already quoted.

Some three months after this case occurred,

Dr. Langer was arraigned before the Scott County Medical Society, by two of its members, through the representations of Dr. Gregg.

Copy of Charges against Dr. I. Langer, before Scott County Medical Society.

Whereas, among other objects, this society has been organized for the establishment of and maintenance of the dignity and honor of the profession, and for the suppression of quackery in all its forms; and whereas, by its rules and regulations an impeachment will hold against any member who may violate the code of ethics, or by his practices may disregard and infringe upon the general high standard of character and moral excellence required by that code;

Therefore, we, the undersigned, present the following charges against a member of this body, Dr. Ignatius Langer:

That he has violated the general spirit of the code, by his practice in a case of pregnancy which occurred in this place, and in which, for several days prior to the day of confinement, he made certain unwarrantable examinations and manipulations, with the pretended object of correcting the presentation of a fœtus in utero, deceiving the patient, by informing her that the child had an unnatural position, and that it became necessary to change it, a practice purely deceptive—an impossibility, in fact, and in its details highly indelicate and dishonorable.

(Signed) E. S. Barrows,
J. M. Witherwax.

This charge was presented by Dr. Barrows at the morning session, on the 26th of July, 1859.

J. M. Adler, Sec'y.

Dr. L. at once defended his practice, affirming that it was sustained by numerous authorities, which he would present, with the society's permission, at the afternoon session. His accusers were evidently taken by surprise. This practice, which, in their ignorance, they had regarded as an empiricism of the Doctor's own invention — otherwise no action could fairly be sustained for unprofessional conduct— was, after all, sanctioned by competent authorities. To meet this new aspect of the case, at the afternoon session a second and supplementary series of charges were introduced, viz.:

"Also, that in his generol intercourse with the public, he is boastful of cures which he professes to have made; vaunting continually his own superior skill, thrusting and forcing himself into families, by voluntary advice, by which practice he continually violates the cardinal rules of that code of ethics by which our intercourse one with another, and with the public, ought to be governed."

Dr. Langer, however, presented his authorities, which were rejected as unworthy of attention, on the ground that they were mostly French and German; and then the following resolutions were passed:

"*Whereas*, the first of the charges against Dr. Langer has been sustained by an unanimous vote of the society, and that hereby he stands convicted of certain unwarrantable practices; and whereas sufficient ground exists for proper punishment at the hands of this society; therefore,

"*Resolved*, 1st. That Dr. Ignatius Langer be and hereby *is suspended.*

"2d. That a special committee of three be appointed by the President, to investigate the second clause of the charges, and report to the society at the next meeting; on which report the society *shall take action, with a view to his restoration or final expulsion.*"

The committee were in session from time to time, till the October meeting of the County Medical Society; heard testimony that was offered, not only to substantiate the specifications of the charges, (which were explicitly confined to "his being boastful," and guilty of "forcing himself into families by voluntary advice,") but upon any other charges that the zeal (not to say malice) of the accusers induced them to present. I have heard that one of the charges gravely presented was, "that he had attempted to bring discredit upon a valuable article of the materia medica;" in other words, that he had spoken somewhat disrespectfully of the indiscriminate administration of calomel, that sheet-anchor of some western practitioners. They, however, at last reported *adversely* to Dr. Langer's expulsion from the society.

Of course, his accusers were not satisfied with this report. They insisted upon introducing the whole testimony into the open meeting of the society, and at a late hour, when a portion of the members had retired from the meeting, they succeeded in passing a resolution of *expulsion*—eight (!) members voting in the affirmative, and one in the nega-

tive. This last was the only member of the committee of investigation that was present.

This action of the society was brought about mainly by the reading of certain letters received by one of the members of the society, from "a dozen or more professors of obstetrics, and others in different parts of the country." I am indebted to the "Defence of the Scott County Medical Society" for these facts.

They say that "these letters were in reply to the question, '*What would be your opinion of the conduct of a man who, professing to be able to detect and rectify mal-positions of the fœtus in utero, before labor, attempts to do so by repeated manipulations, and proclaims to his friends and the public what he is doing?*"

While this is precisely what Prof. Caseaux, and numerous others, profess to be able to do, and really attempt to do, yet it was not what Dr. L. attempted to do, for he was not called to the woman till she was taken with the pains of labor.

But that the above was not the question which elicited the letters then read to the meeting, and since published in their defence, let two of the extracts they themselves cite, show.

(From H. Miller, M. D., Prof, etc.) "As to the practice of *always examining, or desiring to examine*, ladies previous to the commencement of labor, to ascertain whether or not the position of the fœtus is right, I *agree with you* that such conduct is *highly indecent and unwarrantable.*" Here it seems, that Professor Miller *agrees* with a correspondent in Iowa, that the conduct of an individual who *always* examines females *before labor* is highly indecent and unwarrantable.

(Again, from Wm. H. Byford, M. D.)—"I can hardly find words strong enough, in which to condemn the practice of *always* asking to examine ladies previous to labor, to see if the child is in the right position," etc.

What but malice could so blind intelligent men, (as these gentlemen of the society doubtless esteem themselves to be,) that they should thus proclaim their own want of candor.

Dr. Langer requested a copy of the proceedings of this October meeting, and also of the report of the investigating committee, but it was denied him.

Without his knowledge, the Secretary of the society prepared a circular, containing the resolution of expulsion, and also going beyond the record to make several very unfair and false insinuations in regard to the persecuted member. These clandestinely prepared circulars were sent broadcast over the country, to all the medical journals, as well as to many of the leading practitioners of medicine, that the character of the victim might be most effectually blasted. The resolution of expulsion deserves to be noticed.

Preamble and Resolution passed at the Quarterly Meeting of the S. C. M. Society, Oct. 25th, 1859.

"Whereas, at the previous meeting of the Scott County Medical Society, held July 26th, 1859, Ignatius Langer was found guilty of a charge then preferred against him, of making and repeating from day to day certain unwarrantable examinations and manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovering and correcting a mal-position of the fœtus in utero, and of publicly proclaiming his object and intention of his repeated visits to said patient; and whereas, said Langer, in the face of an unanimous vote of this society, condemning the practice, still persists in his avowed determination of requiring females to submit to any examination which he may think proper to make at any time during their pregnancy, which is contrary to all authority and usage, and derogatory to the dignity and decency which should ever characterize the conduct of a physician and gentleman; and whereas, certain other charges then preferred against him, which were submitted to the investigation of a special committee, have been well and fully substantiated by testimony adduced by various persons, members of this society, and others, and which charges constitute special and distinct violations of the letter and spirit of the code of ethics by which this society is governed; and whereas, during this investigation, said Langer has publicly uttered various contumelious remarks regarding the members of this society, individually, and as an association of professional men, thus exhibiting his disregard of the opinions and actions of the society, endeavoring to cast upon it the imputation of ignorance and the want of a generous spirit of tolerance; and whereas, this society deems it due to its own self-regard, and to the standing which it has ever endeavored to sustain among all honorable organizations of its kind, to protect itself against

these aspersions, to discountenance and condemn, in the most emphatic manner, the indecent and disgusting practices above mentioned; therefore, be it

"*Resolved*, That the said Ignatius Langer is no longer worthy of fellowship with us, having forfeited all claims thereto; that hereafter we individually and collectively, will hold no further professional intercourse with him, and that he be and is hereby formally and finally expelled from the membership of this society."

This is the resolution as given in the circular of the secretary. In the one published in the "Defence," the words "*of their persons*" are interpolated after the word "examination" in the second whereas.

If we compare this preamble and resolution with the resolutions and action of the July meeting, we shall have abundant evidence of the want of candor and fairness exhibited by this controlling faction of the society. For example, the first whereas asserts that he was found guilty at the July meeting "of publicly proclaiming the objects and intention of his repeated visits to the patient in question," while, in fact, no such charge was made against him at that meeting—much less proved. In the preparation of the first whereas, great care is taken not to include the fundamental dogma of the July charges, "that the practice is purely deceptive, an impossibility in fact, and its details highly indelicate and dishonorable."

The second whereas condemns him for defending a practice that he had adopted in good faith, and also for claiming the privilege of making an examination deemed necessary in obstetrical practice. Any physican, who had any self-respect, would claim that much. The security against abuses would lie in the fact that other females may be always present at such examinations, to say nothing of the privilege every woman has of dismissing a physician.

The third whereas insinuates a falsehood, for "the charges submitted to the investigation of a special committee" could not "have been well and fully substantiated by testimony," else why a report of that committee against his expulsion?

As to the fourth whereas, it would not be singular if a high-spirited man should "utter contumacious remarks" regarding members of a society behaving in such a manner.

I have only time to allude briefly to the "Defence of the Scott County Medical Society." Their comments upon the conduct of the editors of the New York *Medical Press* for judging a case after hearing only one side, ignoring the fact that the secretary of the society had been the first to publish a statement of the issue between the parties, and which had been sent everywhere three months before, hardly need an answer. The medical world is indebted to that document for the authoritative announcement that the Scott County (Iowa) Medical Society "has condemned, and still condemns, the practice of requiring females to submit to examinations of their persons, during the period of gestation, for the purpose of making attempts to correct supposed mal-positions of the fœtus *previous to the commencement of labor.*"

Would it not be well for them, in their next public appearance, to promulgate their views upon the use of the speculum, abdominal auscultation, and those other operations that I believe Dr. Meigs has somewhere good-humoredly called "flagrancies?" These gentlemen do mention, however, that Mattei, Esterle, Noeggerath, and the Vienna professors, have taught the propriety, when in any manner a mal-position has been discovered, of making just these attempts before labor.

When, by an examination of the New York *Medical Press*, of January 28th, it is seen that Dr. Langer produced other authorities to the same intent; and also by the statement of the lady, there published, that he did not examine or manipulate her till he was sent for, on the supposition that labor had actually commenced, under circumstances when every prudent physician must have examined her, whether believing in this practice or not—then the proper weight will be given by every discriminating mind to the following extract from the "Defence of the Society," and which is a summary of their whole article:

"When the expelled member brings forward authorities in support of the practice of turning by external manipulation, after labor has commenced,

and has the characteristic mendacity to affirm that we discredit such authors, and convey the impression that he was expelled for such practice, he is manifestly endeavoring to make a false issue to obtain sympathy." . . . "We will show that the society had good cause to take action upon this question, *independently* of all others, and that we are sustained in our decision by the best living authorities of our country."

Dr. Langer did produce authorities in support of the practice of turning, by external manipulations, before labor has commenced; and this "Defence," though in one place denying it, in another cites a number of these same authorities, and attempts to controvert and deride them. That they did *then* discredit such authorities, is evident enough from the tone in which they speak of foreign authorities *now*, and their present sneer at the "vagaries of the German Illuminati."

But it is to be affirmed that there were other causes that demanded his expulsion from the society. By recurring to the proceedings of the July meeting, it will be seen, that when Dr. Langer's accusers discovered that they were likely to fail in showing cause for his expulsion, in the first series of charges, they then supplemented another, affirming that he was boastful and guilty of forcing himself into families by voluntary advice. Nothing more. That a committee was then appointed to hear testimony that might sustain these or any other charges that should be presented, upon whose report to the society action was to be taken as "*to his restoration or expulsion.*" And we also learn from the "Defence," that this committee recommended a *milder* punishment than expulsion. In the disciplinary code of the society, what is that milder punishment? Certainly not restoration, if we are to judge of the society by their conduct in this transaction.

It is also stated that, on this question, "the society is a unit in sentiment." Very possibly. But if so, they have been led into this unity by the same influences that were so potent with the chairman of the investigating committee, according to the "Defence." These were the opinions of eminent medical men, contained in letters written in reply to the interrogatories sent them unofficially by a member of the society—replies based on a false issue—and which letters were, it seems, smuggled into the records of the society.

I have no time or disposition to follow the authors of this "Defence" further. They rely mainly upon the statement of Dr. Gregg for their facts; and this is described by them as "a graphic and truthful account of the origin of the controversy." But no candid man who reads it will hesitate to say of it, that in a question so vital as the professional and moral character of a brother practitioner, it is manifestly flippant and unreliable as *testimony*.

And it only needs to be remarked further, that, however honest and respectable a physician he may be, his statement cannot have much weight, for it is evident that he has lent himself, indiscreetly, to the service of Dr. Langer's enemies. Otherwise how should he offer the fact that the lady was seen in her kitchen as an evidence that she was not in labor? How should he affirm that one who had suffered pains for three or four days was "without a single premonition of labor?" How should he descend to caricature the opinions and conduct of a well-educated physician, who had called him in consultation, by such language as the following: "Is a man to be sustained by the profession when he asserts that he can, and did, from hour to hour, and day to day, hitch the fœtus, as it were, to some imaginary hook or shelving projection in the uterus, until his leisure permits him to take another hitch, and so on; and this, too, when a woman is moving about attending to her domestic affairs?"

Of the letters quoted from eminent medical gentlemen in various parts of the country, I need only say that some of them, at least, bear intrinsic evidence that they were obtained under false pretences, and have no relation to this case of Dr. Langer. Do not these gentlemen owe it to the medical public to expose the individual who has entrapped them for such an outrageous purpose?

The remainder of the "Defence" is devoted to the abuse of Dr. Noeggerath, and foreign physicians generally. The former is abun-

dantly able to defend himself, and the latter will hardly be troubled by the opinions of the County Society in question.

In conclusion, I may say, that I have no selfish interest, and scarcely a professional one, (for I am not in general practice,) in preparing this hasty statement of what I conceive to be the true issue between the Scott County Medical Society and Dr. Langer. I have written it without consultation with him; for I felt that a prompt reply was needed to an article published in several medical journals, and which, in the hasty reading that men in active practice alone could give it, might produce false impressions. In due time, I doubt not, his own defence of himself will appear, complete and thorough. I desire only to see justice done to a gentleman of whom I have a high opinion from a personal acquaintance, and whose general professional ability even his enemies do not openly presume to disparage.

It is not his fault, certainly, that he was born on the continent of Europe; nor that he was reared and educated where the whole tone of society is so different from our own upon questions of delicacy.

Some allowance will certainly be made by all intelligent and high-minded members of the profession in this country, in the case of foreign physicians, who have come hither for the peculiar ideas they entertain, and which have been engendered and fostered by the social conditions abroad.

I feel assured that, had Dr. Gregg and the gentlemen of the Scott County Medical Society approached Dr. Langer in such a spirit, no occasion would have been furnished for the imprudent language or opinions that may have been forced out of an excited or defiant man, and the profession would have been spared this public scandal.

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George the Fourth asked if the Duke of Wellington could go out that day, and Knighton said, "I *ordered* him not." The king said, smiling, "You ordered him *not!* Could you not have thought of a better word?" "No, sire," said Knighton; "I ordered him not. If a man does not attend to his friend and physician, he had better have neither.—*Life of Sir Astley Cooper.*

Spontaneous Reduction of Strangulated Hernia Under the Influence of Tobacco.

By E. T. Blackwell, M. D.,
Of Stephensburg, N. J.

J. C., aged 75 years, had an inguinal hernia of long standing. It became incarcerated on the 29th of August, 1854. The size and tension of the tumor were extreme. All known methods of reduction unsuccessfully exhausted, I introduced a suppository of tobacco. In a short time, the tumor had palpably relaxed, and soon entirely yielded. On the 4th of September following, he had a relapse. By all the usual means, skillfully and perseveringly applied by two neighboring practitioners, together with the exhibition of chloroform, it proved wholly irreducible. I saw him at 4 o'clock P. M., and determined to try the remedy which had once relieved him. In about one hour from the employment of the suppository, the tension was so much lessened, that a considerable part of the protruded mass was returned by taxis; and, soon after, whilst awaiting events, the remainder of the tumor spontaneously subsided.

J. M., aged 70 years, has also had inguinal hernia from youth. Twenty years since, it became strangulated, and relief was obtained by an operation. In November last, at 7 o'clock A. M., he had a protrusion, and was unable to return it. He was at once seized with excrutiating pain in the abdomen. In his own nervous language, "the pain went right to his heart." Syncope followed, and he lay as one dead; and such his friends reported him. On my arrival, at 11 o'clock A. M., he lay motionless, and deadly pale. Consciousness had returned, but his breathing was imperceptible. His pulse was soft and regular. The tumor equaled in size the head of a new-born infant. It was tense to the last degree, and elastic. The patient was confident the operation must be repeated, and accepted that as an alternative. After trial by taxis, sufficient to prove its utter inefficiency, I applied the tobacco, and calmly awaited restoration. In about an hour, the incarcerated part was liberated; and, unassisted, swept into the cavity of the abdomen. There were no unpleasant sequelæ in either case.

EDITORIAL DEPARTMENT.

Periscope.

Florence Nightingale. Translated by O. D. PALMER, M. D., Zeleonople, Pa.—The "Austrian Zeitscrift für Prac. Heilkunde" in reviewing Dr. Pittcoff's Experiences of a Civilian, speaks in the following manner of that well known charitable lady, whom all find it much more easy to oppress with praise than to imitate.

Chapter VII., (pages 69, 85) This chapter is wholly devoted to the most deserved praise—that is, to the simple relation of a part of the numberless acts of benevolence of which Miss Florence Nightingale consecrated her energies and wealth in the Crimea. To the sick and convalescing she was a helping angel, not only in nursing and watching, but in providing them in necessaries and comforts; where she did not bestow material aid, usually bestowed without the formality of draft or recognizance, she snperintended in person; she wrote for them; executed dying testaments; took charge of remitting money for the sick and dying to their friends and homes; read their letters for them and wrote answers to their dictation; she treated all alike without distinction of religion or country, acting in concert with sisters of different catholic orders, with protestant deaconesses, operating at Crimea and Skutari at the same time; administering to new arrivals at the hospital often before the arrival of physicians, furnishing them, and providing for sudden emergencies from her own means. She erected a wing to the hospital, and on the day it was finished filled it with the sick and wounded, all at her own expense. On the outbreak of the typhus fever, she furnished wool and linen to the amount of from 2000 to 3000 pounds sterling. In short, she contributed toward the suppression of all feelings of nationality, at the same time contributing to the comfort of many, though to the detriment of her own health. Beside the gratitude of particular objects of her ministrations, she obtained the undivided respect of every sister of whatsoever nation or religious persuasion and order.

The Osteogenic Properties of the Periosteum.—Much has of late been done and written in Paris, especially by M. Ollier, respecting the certainty with which bone is reproduced when it is carefully removed from the periosteum using the chain saw. Cases have been published by M. Larghi, of Vercelli, M. Borelli, of Turin, and M. Ollier himself, where from three to four inches of the humerus and tibia were removed for cystic disease, with careful preservation of the periosteum, and in which the bone was reproduced. A case of tubercular affection of the ascending branch of the lower jaw is also mentioned, where M. Maisonneuve removed the bone and left the periosteum. Here again bony matter was secreted. M. Verneuil has resected the elbow-joint, and removed three inches of the humerus and one of the radius and ulna, besides the diseased articular surfaces. Sound portions and shreds of periosteum were preserved, and the result has been pretty satisfactory.

Now, all these cases are looked upon by M. Sédillot, of Strasburg, as unsatisfactory, and he is at issue with M. Ollier as to the reality of the reproduction of the bone in its integrity. The matter has been brought before the Surgical Society of Paris, and will be sifted by a committee.

M. Forget, the author of a valuable article on the subject in *L' Union Médicale*, of the 21st ult., says very justly, that the dispute arises mainly from the absolute manner in which M. Flourens, the first observer of the wonderful osteogenic properties of the periosteum, framed his opinion. Take away the bone, says M. Flourens, and the untouched periosteum will reform the bone. It were, perhaps, more just to say: take away the bone, and the preserved periosteum will yield *osseous matter.*

It may here be mentioned, that M. Langenbeck, of Berlin, has lately made a very ingenious application of the osteogenic powers of the periosteum, to reach the basilar process whereon was implanted a nasal polypus, by cutting through the face without giving rise to disfigurement. After having detached the os nasi and the orbitar process of the superior maxilla, a portion of periosteum was saved, by which the bones remained connected with the neighboring parts. When the polypus had been removed, the whole of the resected bones, with the soft parts, were carefully replaced, and the gaping aperture effectually and appropriately closed. This case, mentioned in the *Deutsche Klinik*, No. 48, 1859, was thoroughly successful.

The Pasteboard Splints af M. Merchie, Surgeon-Major in the Belgian Army.—These splints present the peculiarity of being shaped,

beforehand, upon individuals of average size, for all parts of the body obnoxious to fracture; are fit for immediate application, even in complicated cases, and answer every expectation of the surgeon as to occlusion, compression, and coaptation. When it is considered that the prime cost is trifling, it will be conceded that a trial of these splints on a large scale is thoroughly warranted.

The inventor, who has written a large work on the subject of these splints, and who has certainly succeeded in presentiug, in his book, a most elaborate critical history of the various systems of deligation in fracture, gives the most detailed description of the manner of preparing the splints, which should be sketched out upon the patterns obtained from actual shaping upon healthy individuals, and then cut out and properly moulded. The material which he found the most serviceable and cheap, is pasteboard; but any other might be employed, if found as manageable. When the fracture is reduced, the limb should be wrapped in cotton wool, which is held in its place by a bandage; the splints are then applied, and kept *in sitâ* by a roller or straps. In compound fracture, the many-tailed bandage is to be substituted for the roller. The author thinks that the advantages of his method may be summed up in the word "economy." There is, namely, economy of time and labor as regards the surgeon; economy of pain and uneasiness for the patient; and economy as to the cost of the splints.

We have seen a collection of these, presenting a great variety of shapes, adapted for every part of the human body; and they look extremely likely to answer the purposes held in view. When we add to this, that the author brings forward a mass of clinical facts in support of the use of the pasteboard splints, we shall have said enough to induce surgeons, especially those connected with hospitals, to give these appliances a fair trial. We shall then see whether they stand the test in compound fractures.

Hydatids of the Liver, making their way out along the Hepatic Duct into the Alimentary Canal.—A rather unusual case of hydatid disease of the liver, which ended fatally, was very recently under Dr. Barlow's care at Guy's Hospital. The patient was a man who was admitted with symptoms of hepatic disease and local peritonitis; he had had jaundice a month before his admission, which passed off. He survived but a short time; and, on making a post mortem examination, a large hydatid cyst was discovered at the upper part of the liver, which had burst into the hepatic duct, its contents passing thence to the common bile duct and into the duodenum. Had circumstances been otherwise favorable, a recovery might have ensued, as this was an effort of nature to get rid of a visceral parasitic invasion. Dr. Wilks stated that he had met with one similar case, where the hydatid membranes passed into the alimentary canal, some of them coming away by stool, whilst others were ejected from the stomach during the act of vomiting. This termination of hepatic hydatids is by no means a common one. Sometimes they burst into the peritoneum, or into the chest. But in the human subject, although they are occasionally diagnosed during life, we have seldom any evidence to depend upon beyond symptoms of chronic hepatitis. The enlargement, however, has been known to simulate ascites, and tapping has been performed to afford relief. In Dr. Barlow's patient, the true nature of the disease was not diagnosed, because he had not been sufficiently long under observation.—*Lancet.*

Pulpy Degeneration of the Synovial Membrane of the Knee.—Opinion is much divided on the subject of the treatment of many of the affections of the knee-joint. Some surgeons advocate excision of the articulation in cases where the disease is almost confined to the joint, and does not extend much beyond, nor involve the neighboring tissues. Others again, who are opposed to excision, rely upon amputation, as the disease, whatever it may prove to be, is looked upon as incurable. Both of these methods we have frequently seen adopted. Whilst a third class would prefer to give the patient a chance of ultimate anchylosis, after many years of suffering and misery.

An example of disease confined chiefly to the synovial membrane of the right knee, in a man aged thirty-five, was submitted to amputation by the circular operation, whilst under the influence of chloroform, at St. Bartholomew's Hospital, by Mr. Stanley, on the 14th January. The case was one of a good deal of interest, because its progress had been watched from the commencement. The disease was of twelve months' duration, and for six months he had been in the hospital. Mr. Stanley considered the disease, at that time, to be a pulpy and thickened condition of the synovial membrane. When the man left the hospital, his joint was comparatively easy;

but he returned a short time back in great agony. Inflammation had occurred within the joint, and, Mr. Stanley believed, had advanced to ulceration of the cartilages. When the pulpy degeneration does not remain in a quiescent state, it is sure, he observed, to turn into ulceration of the cartilages. The joint seemed but very moderately swollen, and this was chiefly confined to its anterior part. On opening it after removal, it proved to be a well-marked example of pulpy degeneration, the thickened synovial membrane projecting into folds in the interior of the joint. The cartilages, as anticipated, were in progress of destruction on the condyles of the femur and head of the tibia. The synovial membrane was brown in color, and pulpy. The ligaments were not affected, but the bone was diseased, and its articular cartilages destroyed. It was an example of that peculiar condition of the synovial membrane which, unfortunately, cannot be relieved but by removal of the limb. The man is going on well.—*Lancet.*

Successful Treatment of Vesico-Vaginal Fistula.—Nine cases of vesico-vaginal fistula have been operated on in the Glasgow Infirmary during the last year, by Bozeman's method; and three others in private practice there. Of the twelve cases recorded, ten were completely cured by one operation, and two were unsuccessful. One of these two cases failed after repeated attempts; the other was complicated by profuse hæmorrhage from the bladder.—*Lancet.*

A characteristic Sign of Typhoid Fever.—M. Sapolini describes a characteristic sign of typhoid fever, even when arriving at convalescence. It consists in a peculiar pulsation of the carotids. A large arterial wave occurs first in the artery, rapidly followed by a second less voluminous, then by a third, which is succeeded by a moment of pause. This inequality, and the sensation of interrupted *frémissement* under the fingers, are very constant and easy to verify, according to M. Sapolini.—*Lancet.*

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Man is a dupeable animal. Quacks in medicine, quacks in religion, and quacks in politics know this, and act upon that knowledge. There is scarcely any one who may not, like a trout, be taken by tickling.—*Southey.*

Reviews and Book Notices.

"Report of the Health Physician (Dr. Isaac A. Nichols,) of the City of Newark, etc., etc.

"Report on Medical Statistics, to the Newark Medical Association, January, 1860. By G. Grant, M. D.

The latter report, comprising full and analytical tables of the mortality statistics of the City of Newark, for 1859, forms the bulk of the Health Physician's Report, presented to the Board of Health. Though printed under an official garb, the document itself is not an official one. We state this, not to impeach its value, but to give credit where it belongs.

The Newark Medical Association, annually elects among its other officers, a *statistician* whose duty it is to prepare monthly and yearly mortuary and sanitary statistics of the city, and the present report, by Dr. Grant, shows that the society has been fortunate in the selection of that officer. It also cannot but exert a healthy influence upon the status of the profession, when the public authorities feel it in their interest to apply to voluntary medical societies for information. We are the more pleased to see this really valuable report thus published, because, when offered to the late meeting of the State Medical Society, together with other reports of the Newark Medical Association, all were *refused* on account of some technical informalities in their presentation—an unfortunate occurrence, in which however the State Society is the only loser.

A table of comparative mortuary statistics is first given:

"Estimating the population to be 77,040, the mortality will allow one death to 45.37 of the same—a rate which entitles Newark to the rank of being one of the healthiest cities of the Union. The following will exhibit Newark as compared with other cities, whose estimates of population were obtained from their respective health authorities:

	Deaths.	Population.	Proportion.
1858. Newark, N. J.	1,741	71,155	1 in 40.87
1859. Newark, N. J.	1,698	77,040	1 in 45.37
1857. New York	23,333		1 in 27
1858. Boston.	4,089	170,000	1 in 41.57
1858. Baltimore,	5.785	252,955	1 in 43.72
1859 Baltimore.	5.039	252,955	1 in 50.19
1858. Philadelphia,	10,097	600.000	1 in 56.09
1859. Philadelphia,	9.745	640,000	1 in 65.67
1858. Providence, R. I.	1,100	50,260	1 in 45.69

NOTE—These all include the still born."

We have of late seen a number of "official" reports of various cities, the last one that of

New York, and we notice in all this, very remarkable fact, that every city is claimed "as one of the healthiest in the Union."

In computing the ratio of mortality, it is necessary to ascertain with as much precision as possible the number of inhabitants of a city; a few thousand inhabitants more or a few less, will bring the ratio of mortality up to a very favorable, or to quite an unfavorable standard. Hence follows, that too much care cannot be taken, in estimating the population of a city, where its number has not been determined by a recent census.

It is here that we believe the report before us to be inaccurate, and as Dr. Grant, with laudable candor, gives us the basis of his computation in a foot note, we are enabled to state our reasons. The foot note reads as follows:

"The calculation for this amount is as follows: Population in 1845, city census, 25,433; do. in 1855, 53,500. Increase in ten years, 28,067. Rate per cent. for ten years, 110; do. for one year, 11 per cent; do. for four years, 44 per cent. 53,500 x 44 per cent.= 77,040, population for 1859.

Add 53,500 (population of 1855) to 53,500 x 33 per cent., the rate of increase for three years, equal 71,155, the population of 1858."

It is seen that the whole estimate rests upon the supposition, that from 1855 to 1859–'60, the ratio of increase in the population was the same as during the period of 1845 to 1855.

The extraordinary increase from 1845 to 1855, by which 28,067 was added to the population, was owing, in a great measure, to the large foreign emigration during 1848 and 1852–'53; to the great industrial and manufacturing establishments, which were then built, and drew thousands of mechanics to the city. From 1849 to 1853 and 1854, the influx of German and Irish emigrants into the city could be counted by thousands, where after 1854 there were but hundreds. This much is certain, that from 1847 to 1854 the German population of Newark alone, rose from about 2,500 to at least 15,000, while since then hardly 3,000 can have been added. With the Irish emigration a similar falling off took place after 1854 or 1855.

Again, in consequence of financial revulsions, and the partial or complete stoppage of industrial establishments, occupying large numbers of mechanics, many of the latter have emigrated to the Western States with their families, since 1855. Thus we have not only the absence of the unusually numerous influx of emigration up to 1853 and 1854, which should render the ratio of increase less in the period after 1855, but also an eflux which is by no means inconsiderable.

Hence we believe that the basis of Dr. Grant's computation, the ratio of increase during 1853 and 1854, is an unsafe, at least a very uncertain one, and though none would be more glad of a disappointment, yet we firmly believe that the present population of Newark is less than 70,000, and not much more than 65,000. However, this question will soon be settled by the next census.

Table II, and table XVIII, (for the report comprises eighteen distinct tables, and extends over twenty-six pages,) are the most interesting, being really statistical gems. In the former we have the comparative statistics of the cities of Newark, Boston, Providence, Philadelphia, Baltimore, and New York. In reference to age, not only the aggregate is given, but also the per centage, and at a glance we can find the per centage of deaths at a particular age in these various cities.

This is exceedingly valuable in the study of infant mortality.

Taking the per centage of infantile mortality under one year of age, in the cities enumerated above, for the year 1858, (still-born in all included,) we find that in the whole number of deaths it is as follows:

New York, - - -	36.34
Newark, - - -	35.95
Philadelphia, - - -	30.90
Baltimore, - - -	30.75
Boston, - - -	30.15
Providence, - - -	28.71

This looks anything but favorable to Newark, placing it alongside New York and falling short of Providence 7.24 per cent. But lest we should do injustice to Newark, let us compare the ratio of infantile mortality up to the fifth year. The figures run as follows:

New York, - - -	60.00
Newark, - - -	55.77
Baltimore, - - -	51.08
Philadelphia, - - -	49.25
Boston, - - -	45.41
Providence, - - -	45.33

Here again, Newark holds the same neighborly position to New York, which it does geographically, and falls short of Providence not less than 10.44 per cent.

But to make perfectly sure, we will take the comparative ratio of deaths, of all persons up to adult life, or 20 years. It is as follows:

New York, - - -	65.86
Newark, - - -	64.61
Baltimore, - - -	62.11
Philadelphia, - - -	55.67
Providence, - - -	55.82
Boston, - - -	53.82

Here Newark approaches the City of New York nearer than ever, and Boston gets the better of her by 10.79 per cent.

The fact can hardly be denied, that the *ratio of infant mortality*, in the absence of any definite and accurate census, forms the best, perhaps, and the safest mortimeter and the best criterion of the sanitary condition of a city. The great mortality of Newark arises from her *infant mortality*, and we believe that the experience of all statisticians tends to show that that community which shows the largest per centage of infant mortality, shows also the largest ratio of deaths to the population, and hence we claim that the facts apparent from the figures of table II, tend to prove, if the objections which we have already raised should not, that Dr. Grant's basis of estimating the population of Newark is too favorable, and that, far from being one of the healthiest cities of the Union, it really ranks nearer than any one of the cities mentioned to New York, that prototype of unsanitary misgovernment.

We are still further strengthened in this view, when we glance at the comparative mortality per centage in these six cities, taking the period of life *after* 60 years. It is obvious that the larger the per centage of deaths at an advanced period of life, the more favorable must be the ratio of mortality to the population, and the better also, the sanitary condition of the community.

Thus we find that out of the whole number of deaths, there were of persons, who had arrived at and passed 60 years in

New York, - - -	6.37
Newark, - - -	7.24
Baltimore, - - -	9.94
Boston, - - -	10.53
Philadelphia, - - -	12.19
Providence, - - -	14 05

That is to say, while in Providence, out of 100 persons who died in 1858, 14.05 per cent. had arrived at 60 years or over, in New York only 6 37 had been so fortunate, in Newark only 7.24, once more placing the latter next to New York in its mortality.

Table XVIII furnishes us with comparative statistics of the diseases, alphabetically arranged, of these six cities; here the per centage is also given, and we are enabled at a glance to find the relative per centage of deaths from any particular disease, as well as the aggregate.

Under table V to XV, we have a nosological classification of the diseases of Newark for 1859 given, which is excellent; we have noticed, however, a few inaccuracies. "Nervous Fever," (i. e. typhus or typhoid,) is classified under "diseases of the brain and nervous system," whereas it should be under "zymotic diseases." "Angina pectoris" is enumerated under diseases of the respiratory system, while its proper place would be under those of the circulatory system; "bilious fever" is mentioned with the diseases of the digestive system; we should have placed it with the other miasmatic fevers under "zymotic," These however are unimportant inaccuracies.

The report is not only creditable to Dr. Grant, whose labors, as every table shows, must have been most assiduous, but also to the Society under whose authority it was made. "If through medical statistics lies the most secure path into the philosophy of medicine," as the author quotes from Holland, then medical societies can do no better, than to follow the example of the Newark Medical Association, and make the presentation of statistics a regular order of business, and the "statistician" a regular officer.

We have stated the reasons why we differ from Dr Grant in his estimate of the population of Newark, and attempted to prove the correctness of our views by the simple testimony of the tables themselves. Certainly all will admit that of all things statistics deserve the severest criticism, and nothing is more fatal to true sanitary reform than conclusions as to the favorable sanitary condition of a city, based upon an exaggerated estimate of population.

Such deductions, based upon hypothetical premises are but too readily adopted by those opposed to sanitary reform, and those interested in it should avoid every Statement, flattering to the sanitary condition of a city, unless it can be demonstrated with mathematical certainty.

CH. F. J. L.

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A correspondent of the London *Times*, states that in the Commune d'Ecully, in France, two men were buried alive in a well by a fall of loose earth, and that after twenty days one of them was taken out still alive; having survived the want of fresh air, light and food, throughout that long period, in addition to the impossibillty of moving and the presence by his side of the dead body of his unfortunate companion, for a considerable portion of the time.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 24, 1860.

SKETCHES OF EMINENT PHYSICIANS.

Under the heading of the "Gold-Headed Cane" we find two pleasant articles in late numbers of our contemporary, the *North American Medico-Chirurgical Review*. They are chiefly made up from a small volume of imaginary autobiography, in which the gold-headed cane retails conversations and incidents in the professional life of some of the distinguished London physicians of the last and the early part of the present century, who, in succession, were its bearers, viz: Drs. Radcliffe, Mead, Askew, Pitcairn, and Baillie. The first two are those described in the Review. Availing ourselves of the reminiscences which we find recorded in other works, we also would say something of these eminent men.

Dr. Radcliffe was the most eccentric, and at the same time the most successful, physician of his day. Although he went through the University of Oxford in the customary forms, his contemporaries gave him little credit for learning. When a friend, on a visit to his chambers, asked Radcliffe where his study was, the latter replied, pointing to a few vials and a skeleton, "Sir, this is Radcliffe's library." Although abrupt and rough in manner, his company was relished for his pleasantry and wit. He was a man of great decision, and gave his prognosis in a tone of confidence. Having prophesied, with great accuracy, the fate of the Duke of Beaufort, he was always referred to, as an oracle, to decide disputed points of practice. He was a physician to King William III., who suffered from dropsy of the chest, accompanied by swelling of his ankles. "What think you of these?" asked the royal patient. "Why, truly," replied his blunt medical attendant, "I would not have your majesty's two legs for your three kingdoms."

Radcliffe's success was due to his good sense, his practical knowledge, his decision in danger, and his ready expedients. His exuberant wit often got him into trouble. Dr. Marshall prosecuted him for a witticism; and he excited Swift's spleen, who was pleased to call him "that puppy Radcliffe." Sometimes he met with a retort when he might least have expected it, as in his encounter of wits with the eminent painter Sir Godfrey Kneller. They were neighbors to each other, and on such terms of intimacy that the gardens of their houses communicated by a door in the party wall. Unfortunately, however, Sir Godfrey, who possessed a choice collection of plants and flowers, had occasion to complain of the damage done to them by the doctor's servants. The evil continuing, the painter at last sent word to Radcliffe that he should be obliged to close up the door. To this the doctor returned for answer, that "Sir Godfrey might do even what he pleased with the door, so that he did not paint it." When the footman, after some hesitation, delivered this message, Sir Godfrey said: "Did my good friend, Dr. Radcliffe, say so? Go back to him, and, after presenting my service to him, tell him that I can take any thing from him but his physic."

Radcliffe died a bachelor. Twice he was a wooer; in the first instance, with such success as to be affianced to the lady. But, before the time for the espousal, he made the unpleasant discovery that his betrothed was, or ought to be, another man's wife already, and, of course, the engagement was broken off. In the second affair, he offered himself, when well advanced in life, to a lady of great beauty, wealth, and quality, whom he had cured of a serious malady. Her gratitude did not, however, go so far as to induce her to lend a favorable ear to the doctor's suit; nor was her delicacy equal to her keeping the secret of his rejection. He was ridiculed, on the occasion, by Steele in the Tatler, under the the title of "The mourning Æsculapius—the languishing, hopeless lover of the divine Hebe, emblem of youth and beauty."

Among many singular incidents related of this eccentric man, is the following: It was the custom then for physicians to meet together at coffee-houses and discuss, in the evening, the state of their patients, and not seldom other matters of less moment. Whilst Radcliffe was thus engaged one evening, he

was called on by a grenadier, who desired his immediate attendance on his colonel; but no entreaties could prevail on the now devotee of Bacchus to resume his duty to Æsculapius. "Sir," quoth the soldier, "my orders were to bring you," and, being a very powerful man, he took him up in his arms and carried him off by force. After traversing some dirty lanes, the doctor and his escort arrived at a narrow alley. "What the d—l is all this?" said Radcliffe; "your colonel don't live here?" "No," said his military friend, "but my comrade does, and he's worth two colonels; so, if you don't do your *best* for *him*, it will be the *worst* for *you*."

Although Radcliffe practiced medicine, he had as great a contempt for physic as he had for physicians, giving it as his opinion that the whole art might be written on a piece of paper. His professional rivals were not backward in their retorts, by speaking of him as an active, ingenious, and adventurous empiric, whom constant practice brought at last to some skill in his profession. We shall, however, seldom find a more instructive lesson than that given in his acknowledgment, that, when a young practitioner, he possessed twenty remedies for every disease, and, before the end of his career, he found twenty diseases for which he had not a remedy.

Of his practical philosophy, we read a good example in his remark, after hearing of the loss of five thousand pounds sterling ($25,000) in a venture to the East Indies. "I have no more to do than to go up so many more pair of stairs to make myself whole again." Towards the close of his life, Radcliffe expressed his sorrow at the time given to revelry and sensual enjoyments. He was a member of parliament for the town of Buckingham. He never wrote any thing, and was so little versed in literature that Garth used humorously to say, "For Radcliffe to leave a library, was as if a eunuch should found a seraglio."

If he did not leave a library, he made a most munificent bequest of a sum equal to $200,000 for the building of one, to be attached to the University of Oxford, and $600 *per annum* for a librarian, and $500 yearly for the purchase of books. He founded, in addition, two traveling fellowships. He also left $2,500 yearly forever towards mending the diet of St. Bartholomew's Hospital. After the payment of the several bequests specified, and legacies to various individuals, he gave to his executors in trust all his estates in four counties, to be applied to such charitable purposes as they, in their discretion, should think proper. Among the results of this last bequest, was the erection of the Observatory and the Public Infirmary at Oxford.

"Radcliffe's eulogy may be written in a few lines. The figures in it are not those of rhetoric nor of poetry; but they carry with them a fullness of thought, a far sightedness, a force, and an animation more convincing and more enduring than the finest prize poem or oration. They have elevated science, expanded literature, imparted new hopes to the desponding, raised the sick and the infirm from the bed of suffering, and snatched many from the grasp of death itself. Radcliffe wrought all these wonders by his last will and testament." There are those among us who have the power of renewing, in the present generation, these wonders of a former one. Will they do so?

THE SCOTT COUNTY (IOWA) MEDICAL SOCIETY AND DR. LANGER.

The REPORTER, of February 25th, contained a communication from the Scott County (Iowa) Medical Society, defending it against imputations cast upon its action in expelling Dr. Ignatius Langer for alleged unprofessional conduct. These imputations were cast by the defendant in a communication to the New York *Medical Press*.

While, in our view, the judicial decisions of a society should command the greatest respect, particularly when, as in this case, there appears to be a remarkable degree of unanimity among the members, the accused are justly entitled to a respectful hearing. Dr. Langer's defence comes to us from an unexpected source, and appears to show that his standing has been good with men of high position in the profession.

Our readers, having the statements of both sides before them, must judge between the parties. If Dr. Langer thinks that he has

been dealt with unjustly by the County Society, his proper course is to appeal to the State Society, and defend his position there. Aside from the question involved, of the proper time for performing version of the fœtus by external manipulations, the matter is unsuited to a discussion in the journals.

MEDICAL COMMENCEMENTS.

The commencement of the Medical Department of the University of Pennsylvania was held too late in the week for notice in our last number. It took place on the 15th inst. For the following report of the interesting proceedings, in connection with the commencement exercises, we are indebted to the *Press* of this city:

Prior to the commencement exercises, the graduates, professors, trustees, &c., gathered in the rotunda of the University building, to take part in the ceremony of presenting to the board of trustees the portrait of George B. Wood, M. D., LL. D., professor of medicine and clinical medicine, on the occasion of his retirement from the chair he had so long occupied. Dr. J. Campbell Shorb, of Maryland, made the presentation speech. After referring to the retirement of Professor Wood, and the regret of the class at hearing of his intention to leave the chair he had occupied so long, he said: "It was under the promptings of this feeling that a meeting was called in the University on the evening of the 29th of November. A preamble was read expressive of the deep regret of the class at the departure of Dr. Wood, of our lasting gratitude to him, and of our desire that, as a 'parting legacy,' he would allow us to have his portrait painted, and placed in the Wistar and Horner Museum. Resolutions were read, and adopted, appointing a committee to convey to Dr. Wood the wishes of the class. In a kind and grateful letter, he granted our request; the painting was immediately commenced, and finished some four or five weeks since."

After alluding to the professional eminence of Dr. Wood, and the services he had rendered to the cause of medicine, the speaker concluded his remarks by saying: "And now, in behalf of the medical class of 1860, I present to you the portrait of Dr. George B. Wood, and request that it be placed in the Wistar and Horner Museum, in remembrance of him whose name posterity will not willingly let die; whose genius the University will ever love to recollect; whose career has been but a long series of brilliant successes; whose life is a model; whose example is, in every respect, most instructive; and lastly, as a token of our deep and life-long gratitude."

Dr. R. La Roche received the picture, as the representative of the Board of Trustees. He expressed the gratitude of the board for the testimonial given them. Dr. La Roche spoke at length concerning the private worth and great professional skill of the original of the portrait, and of the difficulty that would be experienced in filling the chair vacated by him. He concluded thus: "In closing this brief, and, I fear, imperfect reply to the considerate and feeling address with which we have favored, I must be permitted to congratulate you all, gentlemen, for the high character of the class during the last session. In like manner must I congratulate those among you who are this day to receive the honors of the doctorate, for the distinguished manner in which they have passed the ordeal of their examinations. I but repeat what has been reported to me by your preceptors, when I say, with the view that the fact may be widely spread, that seldom has this school had occasion to boast of so intelligent and attentive a class, and of a set of graduates so well calculated to do full credit to their Alma Mater."

Professor Wood spoke with much feeling after Dr. La Roche had concluded. He expressed his warm gratitude for the compliment paid him by the class, and for the kind remarks relative to himself, made by the gentleman who had preceded him.

After the ceremony of presenting the portrait was concluded, the graduates formed in procession, and, preceded by the professors and officers of the University, they proceeded to Musical Fund Hall, where they were greeted by a full audience, of which a very large portian was composed of ladies. After the performance of appropriate music, prayer was offered by Rev. Albert Barnes. John F. Frazer, LL. D., Vice Provost of the institution, then conferred the degree of Doctor of Medicine upon *one hundred and sixty-nine* graduates.

The Valedictory Address was delivered to the graduates by Dr. Joseph Carson, Professor of Materia Medica and Pharmacy.

COLLEGE OF PHARMACY.—The annual commencement of this institution was held on Thursday evening the 15th inst. Charles

Ellis, the President of the College, conferred the degree of graduate of Pharmacy upon *twenty-nine* candidates.

The Valedictory Address was delivered by Prof. Robert P. Thomas, M. D., and was an eloquent, learned, and entertaining discourse.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NASHVILLE.—At the last annual commencement the degree of M. D. was conferred by the President, the venerable Dr. Felix Robertson, on *one hundred and one* candidates. Dr. B. W. Avent, of Murfreesboro', delivered the Valedictory Address to the graduates, and Dr. W. H. H. Williams, of Mississippi, was the valedictorian of the class.

MASSACHUSETTS MEDICAL COLLEGE.—The commencement took place on the 7th inst. President Felton (of Harvard College) conferred the degree of Doctor of Medicine on *thirty-two* candidates. Dr. E. H. Clarke delivered the Valedictory.

KENTUCKY SCHOOL OF MEDICINE.—At the commencement on the 7th inst. *thirty-eight* candidates received the degree.

INCREASING INTEREST IN QUARANTINE INVESTIGATIONS.

The subject of quarantine regulations, since the effective attention given to the subject in this country, is attracting a deserved interest in Great Britain. The London *Lancet* is now urging professional and public attention to everything relating to quarantine in all its varied relations; to discover, as far as possible, the results of the system hitherto pursued, and then to consider fairly and temperately, what reforms the welfare of the general health, as well as the interests of commerce and public convenience justly call for. That journal makes the following remarks on the subject:

On no one could the task be more fitly devolved, and by none, probably, could it be undertaken with greater prospect of successful issue, than by the National Association for the Promotion of Social Science, ranking as it does amongst its members men of all grades in society, as well as of all shades of opinion, political and scientific, and which has succeeded in commanding the active sympathy and support of some of the most influential statesmen of the day. The profession is aware what steps have been taken to carry into effect the resolution of the Association, adopted at their meeting in Liverpool, in the autumn of 1858, and what a large amount of information has already been obtained, chiefly through British consuls residing in foreign ports, and the governors of our scattered colonies, as well as from the Medical Departments of the army and navy. We await the results of the analysis of this evidence with no small degree of interest, as it cannot fail to be highly instructive in the detail of facts, and the record of wide-spread experience, derived from authentic sources, whatever may be the eventual conclusions of the committee on the difficult questions of quarantine legislation and practice.

Meanwhile, the extravagant proceedings in some of the continental ports, more particularly in Lisbon, to which we drew attention in a recent number of *The Lancet*—when the Board of Health there, by a stroke of the pen, declared the entire coast of Brazil, between 2,000 and 3,000 miles in extent, to be infected with yellow fever, merely because the disease was known, or believed to exist in one or two ports of that kingdom—serve to keep the subject prominently before the public; and all the more as no city in Europe has of late years so severely and fatally suffered from the very epidemics against which quarantine is peculiarly and specially directed as Lisbon—from cholera in 1855 and 1856, and from yellow fever in 1856 and 1857—notwithstanding the extraordinary vigilance and stringent rigor of their precautionary regulations upon all arrivals from foreign places.

But it is not in this country alone that the subject is exciting unusual interest amongst the medical profession and others at the present time. Our brethren across the Atlantic have had the start of us; for it is now more than three years ago that a Convention of Medical Delegates from the different States of the Union was held in Philadelphia, to consider the working and results of quarantine in their country, in the hope of rectifying its many acknowledged abuses and irregularities, and of establishing, if possible, a uniform and rational system in all their great commercial ports. Two annual meetings have been held since, at Charleston in 1858, and last year at New York. The proceedings in the latter city created a lively sympathy, not only amongst medical men, but amongst many of the leading merchants, shipowners, and others interested

in the prosperity of commerce and international communication, and who are, therefore, desirous of removing all unnecessary or extravagant burdens and restrictions upon freedom of transit between different countries.

News and Miscellany.

The Prohibition of Tobacco in the Philadelphia County Prison.—The resolution of the Board of Inspectors of the Philadelphia County Prison, prohibiting the habitual use of tobacco by the prisoners, adopted nearly a year ago, has been found satisfactory and beneficial in its influence. The precedent is worthy the attention of all institutions of a penal or reformatory character throughout the country. The report of Dr. Henry Yale Smith, physician to the prison, says on the subject, that, if "nothing else has been gained by its prohibition, we have the satisfaction to know that the prisoner's cell, including window, walls, floor, etc., is no longer besmeared with a flood of tobacco juice, as though it was for no other purpose than a spit-box. We are happy to say, that although at first many of the prisoners exhibited much opposition to the rule, and for some time refused to work, yet very soon they became accustomed to the privation, and now, as a general thing, they express themselves satisfied with the regulation."

In his Annual Report to the Board of Governors as to the condition of the New York almshouse department, Dr. Sanger says:

"I again report to your Honorable Board that the almshouse buildings are fearfully overcrowded, and badly ventilated. My annual reports during the past six years will bear witness that I have performed my duty in calling your attention to the dangerous condition of this institution."

Dr. Woodward's Course on Physiology, which will soon commence, will be of a very attractive and practical character. The lecturer is one of the most industrious physiologists in this country, and his experience will make his illustrations by vivi-sections, and other physiological experiments, the most impressive method of teaching the subject.

The Medical Association of Australia have adopted the Code of Ethics of the American Medical Association.

Human Endurance.—During the Arctic voyages in search of Sir John Franklin, it was ascertained what a seaman can do in the way of traveling, carrying, and dragging. The maximum weight proper per man was ascertained to be 220 lbs, and of that weight 3 lbs. per diem was consumed by each man for food and fuel—namely, 1 lb. of bread, and 1 lb of meat, while the other pound comprised his spirits, tea, cocoa, sugar, tobacco, and fuel for cooking. Upon this estimate it was found that, for a hundred days' journey, they could march ten miles per diem, and endure with impunity a temperature of 50° or 60° below the freezing point.—*Scientific American.*

Florence Nightingale's health which, it is said, has been for some time failing, continues to decline.

Acupressure.—Simpson's new method of hemostasis is now being experimentally tested in the principal hospitals of England. Some favorable reports of its use in large amputations, are reported.

Consequences of Cystitis.—A surgeon afflicted with cystitis, traveling by train from Gloucester, ran to the further end of the platform, and releived the bladder near a paling, but in sight, it appeared, of one of the last carriages. The husband of a lady in the carriage caused him to be arrested on a charge of indecency; he was acquitted after detention in jail for three days, being remanded through the non-appearance of the prosecutor. He has since brought an action in the Queen's Bench against his prosecutor for damages for false imprisonment, and obtained a verdict for £100.—*Lancet.*

Tribute to the Memory of Dr. Todd.—The staff of King's College Hospital and the private friends of the late Dr. Todd, have resolved to perpetuate his memory by a statue to be erected in the hospital. It was also determined that a Todd clinical gold medal be founded as a prize.

One of the large anacondas in Barnum's American Museum has recently been delivered of a litter of young. Snakes are ova-viviperous, the eggs are formed and hatched within the body of the animal. This, probably, has given rise to the popular notion that these reptiles swallow their offspring.

Small Pox—Gas as a disinfectant.—In St. Johns, New Brunswick, there are many cases of small-pox under treatment, but there is no house in the city where gas is burned, of the ordinary consumption, in which the disease has as yet found lodgment. The gas, it is supposed, is a powerful disinfectant, and hence there is no contagion within the circle of its influence. It is stated that a person burning gas may contract the disease abroad and take it home with him, but it will not be communicated to any other member of his family."

We copy the above paragraph, which is going the rounds of the papers, for the purpose of disputing the inference that gas will protect people from the small-pox. There is a person in our office who contracted this disease in a room where gas was burned very freely; the disease is also very prevalent in the city of Glasgow, where gas is very largely consumed. Small-pox is doubtless uncommon among that class of people who burn gas in our cities, because they generally have sufficient intelligence and forethought to attend to the vaccination of their families, and its ravages are almost wholly confined to that improvident class who make no provision against the small-pox, or anything else in the future, and who live by the light of burning fluid.—*Scientific American.*

Celibacy in Relation to Mortality.—The mortality of persons in a state of celibacy is greater in France in women than in men below 20. Above that age, the reverse prevails; probably, in some measure, on account of military service. The difference between the mortality of single and married persons, both men and women, is in favor of the former below 20, and from 20 to 25 years. But above that age it is more favorable to the married. In 1851 the population of France exceeded 36 millions, of which number 13,935,046 individuals were married, 8,564,049 (viz. 4,014,105 men, and 4,549,944 women) were single, and 2,524,092 (836,509 men, and 1,687,583 woman), were in a state of widowhood.—*Med. Times and Gaz.*

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To Correspondents.

COMMUNICATIONS RECEIVED.—*Delaware*—Dr. J. H. Simms, *Georgia*—Mr. W. A. Miller, *Illinois*—Dr. F. N. Smith, *Iowa*—Dr. J. M. Adler, *Kentucky*—Dr. T. H. Hammond, *Louisiana*—Dr. A. J. Semmes, *Maryland*—Dr. L. R. Kirk, *New Jersey*—Dr. O. S. Belden, Dr. A. W. Rogers, (with encl.,) Dr. Jos. B. Goodnough, (with encl.,) Dr. T. T. Price, (with encl.,) *New York*—Dr. T. W. Blatchford, Bailliere Bros., Dr. Ch. F. J. Lehlbach, Dr. A. C. Campbell, (with encl.,) Dr. James Brown, E. Queru, Dr. John M'Call, (with encl.,) *Ohio*—Dr. A. H. Stephens, Dr. S. Lovring, (with encl.,) Dr. W. R. Gilkey, (with encl.,) *Pennsylvania*—Dr. H. A. Grim, (with encl.,) Dr. J. G. Schwenk, (with encl.,) Dr J. B. Stubbs, Dr. J. R. Walker, Dr. D. A. Arter, Dr. J. R. Ludlow, (with encl.,) Dr. F. McGrath, Dr. O. D. Palmer. Drs. Sheridan and Marbourg, (with encl.,) Dr. Levergood, Dr. D. G. Schoner, Dr. Ferd, H. Gross, (with encl.,)—*Rhode Island*—Dr. E. M. Snow, *Vermont*—Dr. S. W. Thayer, (with encl.,) *Wisconsin*—Dr. S. K. Faulkner, (with encl.)

Office Payments.—Dr. N. M. Edwards, (of Ky.,) B. C. Everett, (adv.,) Dr. Augustus Arend, Dr. S. C. Brinklé. Dr. Dan'l R. Gardiner, Dr. R. Gardiner, Dr. John Craig, (of N. Y.,) Dr. Thomas Moore, Dr. E. P. B. Kelly.

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MARRIAGES.

DUTCHER—CROCHERON.—In New York, on Monday, March 19, by Rev. J. E. Searles, Dr. B. C. Dutcher, of Brooklyn, to Miss L. R. Crocheron, of Staten Island.

BANKS—MCDOUGAL.—At Freeport, L. I., on the 14th inst., by Rev. James McDougal, George B. Banks, M. D., and Sarah G., only daughter of the officiating clergyman.

HARRY—WOLLASTON—At the La Pierre House, Philadelphia, on the 7th of February, by Rev. H. Darling, Mr. Chas. H. Wollaston, and Miss A. Victoria, daughter of Samuel H. Harry, M. D., all of Chester county, Pa.

WHITE—REED.—In New York, on Wednesday evening, March 7, by Rev. Dr. Lord, Whitman V. White, M. D., of Stockbridge, Mass., to Maria Louise, daughter of J. M. Reed, Esq., of that city.

DEATHS.

MCCLENACHAN.—In this city, suddenly, by apoplexy, on the 21st inst., Dr. Morris McClenachan, aged 62 years. Dr. McClenachan has been known for some years as a dealer in surgical bandages, spinal apparatus, etc.

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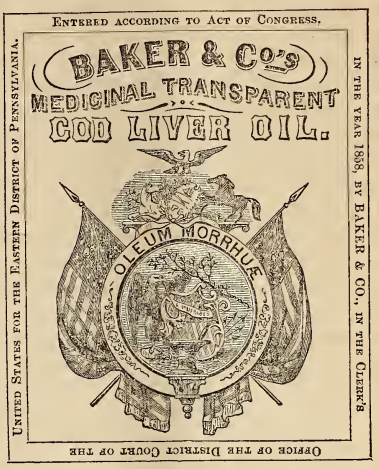
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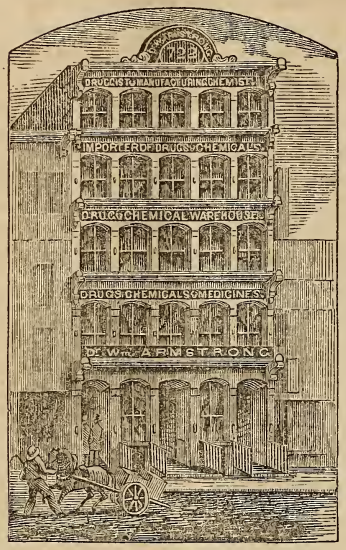

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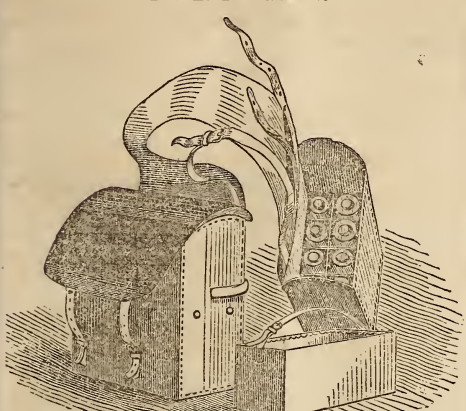

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" "	1		Mortar,	"	"	$19 00
No. 2, containing	21	1	oz. Ground Stop. Bottles,			
" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$15 50
No. 3, containing	18	1	oz. Ground Stop. Bottles,			
" "	10	½	oz.	"	" and	
" "	4		Pots,	"	"	$12 00
No. 4, containing	20	1½	oz. Ground Stop. Bottles and			
" "	2		Pots,	"	"	$8 50
No. 5, containing	15	1	oz. Ground Stop. Bottles,			$6 50

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" "	18	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$20 00
No. 2, containing	7	1	1½ oz. Ground Stop. Bottles,			
" "	14	1	oz.	"	"	
" "	14	½	oz.	"	"	
" "	4		Pots,	"	" and	
" "	1		Mortar,	"	"	$16 50
No. 3, containing	14	1	oz. Ground Stop. Bottles,			
" "	14	1½	oz.	"	" and	
" 4	4		Pots,	"	"	$13 00

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The Bags here described are made of fine Russet Bridle Leather. The sides worn next to the horse are made without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them are glass-stoppered.

Fig. 1.

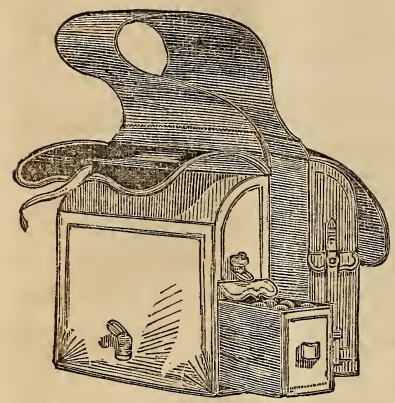

Fig. 1. The bottles in this bag are contained in drawers which slide in at the ends of the bag, and are fastened by a strap passing thro' an eye in the drawer—the eyes serve as handles by which the drawers are drawn out. The drawers containing the medicines can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c.

Bags containing	24	vials,	$10.50
"	20	"	9.50
"	16	"	8.50

The bags of Figure 2, are similar to Fig. 1, except that the bottles are at the bottom of the bag, and a tray is placed above the bottles for carrying Instruments, etc., which must be removed to gain access to the bottles. Prices same as Figure 1.

Fig. 3.

Fig. 3. Flat bags—(as show in the figure)—A row of small bottles above the larger ones, are intended for Powders The inside flap has a pocket in it for Instruments, &c.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 180. } PHILADELPHIA, MARCH 31, 1860. { NEW SERIES VOL. III. NO. 27

ORIGINAL DEPARTMENT.

Communications.

Version of Fœtus in Utero, by External Manipulation.

Davenport, Iowa, March 16, 1860.

DRS. BUTLER AND LEVIS,

Editors of the Philadelphia Medical and Surgical Reporter,

GENTLEMEN :—Accompanying this letter you will find the communication from the "Scott County Medical Society," which was sent to the Editor of the "New York *Journal of Medicine*" for publication, and to which the attention of the profession has been called in the official article which appeared in the REPORTER of February 25th.

The Committee, to whom was entrusted the duty of making a suitable reply to the article of Dr. Noeggerath, instruct me to request you to publish the enclosed communication in your journal as soon as it may be practicable.

They thought proper that it should appear in the same journal which contained Dr. Noeggerath's communication, with its personal reflections.

One of the committee addressed a letter to the Editor of the N. Y. *Journal of Medicine*, informing him that it would be sent to that journal for publication, and received an answer, promising that it should have a place in its pages. It was accordingly forwarded to him on the 5th of February.

In a letter addressed to the committee, bearing date February 24th, he declined publishing it, assigning as a reason, the personal nature of the communication. The committee do not consider it so. They think that the tone and spirit of the reply is as courteous and unobjectionable as it could be made under the circumstances.

The committee, therefore, requested it to be returned to them, and now send it to you for publication. You will please preface it with a statement of these facts, or publish this letter with it, which will be a sufficient explanation of the non-appearance of the reply, as was promised, in the N. Y. *Journal.*

Yours respectfully,

JOHN M. ADLER.

For the Committee, Drs. J. M. Adler, J. W. H. Baker, E. J. Fountain, C. C. Parry, and T. J. Saunders.

The attention of the Scott County Medical Society of Iowa has been pointedly called to an article in the January number of the New York *Journal of Medicine*, from the pen of Dr. E. Noeggerath, in such a manner, that the Society would, by its silence, acknowledge the truth of the statements made therein, as well as their acquiescence in the positions assumed by the author in the said article.—While the members of the Scott County Society are perfectly willing to receive any information from reliable sources, whereby the objects of the medical profession may be advanced, and the interests of humanity promoted, still it is proper that they should exercise their reason and judgment with regard to any theoretical doctrines and their practical application, coming from whatever source they may, and by whatever authority supported. And particularly is this the case when such a novel practice is taught as that which seems to be so confidently promulgated and zealously defended by Dr. Noeggerath. An article on the same subject appeared in the November number of the same journal, but the special reference of this latter communication to the perusal of the members of the Scott County Society will be understood by many members of the profession, who have been made acquainted, through the medium of the medical journals, and otherwise, with the circumstances under which the discussion of the question of exter-

nal manipulations for the correction of malpositions of the fœtus in utero, *prior to the beginning of labor*, first came before the said society.

The members of the Society have very carefully read Dr. Noeggrath's article. While they have a high regard for the earnest and patient spirit of investigation which Dr. N has exhibited in the various contributions he has made to medical literature, yet with all due deference to his marked ability and talent, and with great respect for his opinions, they are still well satisfied to believe that, on the subject referred to, they are right, and that Dr. Noeggerath is wrong. More than this, even, they believe that in this last communication, Dr. Noeggerath has shown the fallacy of his theory by statements that are contradictory and inconsistent with facts adduced by himself. It is the object of the Society, now, to review the "Report on the Progress of Obstetrics," &c., to expose its inconsistencies, and to sustain the position which has been assumed by its members. They must acknowledge that they are really indebted to Dr. N. for his last article on "Turning by external manipulations." If he had suffered the previous one to remain unsupported, many of the profession might have credited everything therein contained, so very vague and general was the character of its contents; but an overweening confidence has made him rash, and his second article has been a fatal mistake. At the same time the members of the Society will show that they have acted not only rationally and wisely in the expression they have given of their opinion on the subject in question, but also advisedly, and with the authority of the most eminent obstetricians of this country.

We may premise this review of Dr. Noeggerath's article, by stating some statistics collected by Dubois, of the position of the fœtus in utero, at different periods of gestation. At the end of the sixth month the head presents in fifty-two cases out of one hundred; at the end of the seventh month in sixty-eight cases; at the end of the eighth month in seventy-eight cases, and in ninety-six cases at the end of the ninth month. These observations are corroborated by those of Drs. Collins, Tyler Smith and others. From these ascertained facts, it appears very clearly that the position of the fœtus in utero, in nearly one-half of the cases, is either that of the breech or side presentation at the end of the sixth month, and at the end of the eighth month, about twenty-five per cent. of the presentations are those either of the breech or side; whereas, the head, at birth, presents in ninety-six cases out of every hundred, leaving about four per cent. for all others than the head. Statistics further show, that of this four per cent. only about one-third of the presentations at birth, are those of the shoulder.

Dr. Noeggerath states, very candidly, that from the observations made at the "Institute d'Elle Laste," (where they examine all women very accurately when they enter,) that although many cases presented transversely at the seventh or eighth month, and though nothing was done to correct the positions, still the presentations were regular at the full time. He does not say that the practice at this institution has lately changed, but the inference may be naturally drawn, that manipulations have been latterly resorted to for the correction of these positions. How do the learned Professors of the Institution determine which of the cases will not be favored by provident nature and brought by spontaneous version to their proper position at the expiration of the full term? Or, if they correct all alike and make all vertex presentations by the proper manipulations at the seventh or eighth month, how will they get rid of those natural forces which produce spontaneous version, and which Dr. N. has explicitly enumerated under the four following heads: 1st. The constantly increasing dilatation of the lower section of the womb, &c. 2d. The partial contractions, which set in very often long before beginning labor, &c. 3d. The regular contractions of the womb at beginning labor; and, 4th. The united action of the active movements of the fœtus, and its gravitation, &c.? Will not these spontaneous operations, partly the results of reflex action, go on and still change the position of the fœtus? If it is true that the position may be

changed by external or other manipulations, and the vertex brought down to present at the os uteri, what will retain it there?

The fœtus exists in a bag of water free to move and turn itself in any position where the forces of nature may direct it. If a fœtus which will present regularly at the end of the ninth month occupies a transverse position at the end of the seventh or eighth, and at the end of the seventh or eighth month it is compelled to assume a vertex instead of a side presentation, and these natural forces continue in action, what guarantee have we that they will not compel it to assume a transverse position at the end of the full term? One of two things must be accomplished by art, besides the change of position; either the progressive development of the uterine ovoid, and the partial contractions, which set in long before the beginning of labor, must be arrested, suspended or changed, or the fœtus must be forcibly and continually held in its altered position in forty-eight cases out of every hundred pregnancies for three months, if the correction is made at the end of the sixth month, in thirty-two cases for two months, and in twenty-two cases for one month. Dr. Noeggerath, and his models of obstetrical science, do not pretend to devise an expedient for the first of these necessities, and for the second, Mattei has directed the very efficient and practicable expedients of "maintaining the fœtus in its new position by an abdominal bandage, or by the posture of the woman."

With regard to cross-births and the causes whereby they are produced, all authors of acknowledged reliability are agreed. They are principally of two classes. Of those causes favoring cross-births, only a few act in preventing the small extremity of the fœtal ovoid, namely the head, from adapting itself to the small extremity of the ovoid body of the uterus which points towards the superior strait of the pelvis. These are: 1st. Too large a quantity of liquor amnii, which, by over-distending, deranges the regular ovoid form of the gravid uterus during the last months of gestation. 2d. An inherent deformity of the uterus, in which its longest diameter is transverse. 3d. Insertion of the placenta, upon the neck of the uterus. Where the above causes exist, it must be evident that they cannot be removed or remedied prior to the beginning of labor, and must, therefore, continue to exert their influence up to that period. If, therefore, we could, by any kind of manipulations, correct the mal-position prior to the beginning of labor, these causes would inevitably continue to operate and restore it. Again, there are causes assigned which exert their influence immediately before or at the commencement of labor, which in the judgment of all authors, cause cross-births much more frequently by changing head presentations into those of the shoulder. These are: 1st. Deformity of the superior strait of the pelvis. 2d. Obliquity of the superior strait of the pelvis. 3d. Obliquity of the uterus. 4th. Falls or sudden shocks or movements of the body at or near full term. 5th. Faulty character of the early pains of labor, which last Rigby and Nægele particularly notice. It will be observed that these causes operate at the beginning of labor only, and it is only then that the presentation is changed from that of the head to that of the shoulder. It must, therefore, be apparent that no external manipulations, prior to the beginning of labor, could avail in this class of cases, for the mal-positions have no existence until labor begins. With regard to all other cases, (if they could be detected,) of cross-presentation at the end of the eighth month, which the reflex actions of the uterus had not yet brought into their natural position, that of the head presenting, all standard authors agree that it would be best to leave them alone, for we are assured, (and that too by the observations made at the "Institute d'Elle Laste,") that the natural forces operating internally will perform the work of rectification much better than we can by any interference of art.

We have given above, as concisely as possible, an epitome of the theoretical opinions on the subject of cross-births, which have been entertained and taught by the most eminent obstetricians in the world, and which we will moreover show are supported by the authority

of the most accomplished scientific men of this country. The members of the Scott County Medical Society have been taught that such is the true theory of this subject, and they believe that for the correction of mal-positions of the fœtus the rules laid down by Ramsbotham, Smellie, Tyler Smith, Miller, and others, are the only ones of practical utility, that they are to be corrected *after* labor has begun, for then, and then only, can they be with positive certainty, detected. In support of these opinions we will quote as follows from the testimony of gentlemen who were specially consulted on this subject in behalf of the Scott County Medical Society before their decision was rendered:

Dr. Hugh L. Hodge, Professor of Obstetrics, in the University of Pennsylvania, in a letter addressed officially to the Secretary of this Society, says:

"*I* would not undertake to determine *positively* by an external or an internal examination, or by auscultation, prior to labor, whether a transverse presentation existed; neither should I have confidence in my ability to rectify permanently any such presentation, even if it could be satisfactorily determined. As the diagnosis must be doubtful, as the cases of transverse presentations, which would not be spontaneously rectified by the process of labor, are of rare occurence, and, as the manipulations for the alteration of any such supposed mal-presentations would probably be nugatory and might be positively injurious to mother and child, I should not sanction the practice."

Dr. C. R. Gilman, Professor of Obstetrics of the College of Physicians and Surgeons of New York City, says: "Is there any good authority for the idea that mal positions of the fœtus in utero can be detected by external manipulations prior to labor? To this I answer, No. 2d. Can such mal-positions, if detected, be changed by such manipulations? Answer, No."

From a letter of Dr. H. Miller, Professor of Obstetrics of the Louisville Medical College, Kentucky, we quote:

"In reply to the question as to the possibility of detecting mal-presentations of the fœtus in utero, and correcting the same, previous to labor, I would say, that, as a general rule, it is difficult, if not impossible, to discover the situation of the fœtus in utero by mere manipulation of any kind. It may with safety be affirmed, that, except where the mother is very lean, it is wholly impracticable. We have been assured by Collins and others, that they have been enabled to detect *breech* presentations anterior to labor by *auscultation*, the truth of which I have no reason to doubt; but this is very different from *manipulation*, and is applicable to one variety of mal-presentation only, and that, too, of the least practical importance. There have been a few obstetricians who have persuaded themselves that they could correct fœtal mal-positions by manipulations alone; but my own opinion is, that they have either deceived themselves or pretended to a degree of skill which the mass of the profession do not possess. I doubt even whether external manipulation, though recommended by all authors, aids much when, at the time of labor, the hand is introduced into the uterus to deliver by turning."

Dr. P. A. Jewett, Professor of Obstetrics of the Medical Department of Yale College, Connecticut, says: "It is not possible to correct such mal-positions by manipulations before labor has commenced."

Dr. James P. White, Professor of Obstetrics of the Medical College of Buffalo, New York, in reply to the same question, says: "It is not possible to correct mal-positions before labor has commenced, by manipulations; nor is there any good authority for such pretensions and practice."

We will add one more extract from a communication from the pen of Dr. A. T. Woodward, Professor of Obstetrics of the Castleton Medical College of Vermont; though the expressions of the same opinions might be multiplied by quotations from many other eminent obstetricians, whose letters are in the posses- of the society. Dr. Woodward says: "In my opinion, mal-positions (by which I mean shoulder, breech, and face presentations) of the fœtus in utero, cannot be corrected (or changed into a cephalic presentation) by any amount or kind of external manipulations that any man or woman may have the brazen impertinence to practice on pregnant females during the term of gestation."

But we must follow Dr. Noeggarth through the marvellous and novel assertions contained in the "Report of the Progress in Obstetrics," &c., premising only that his mind seems to

have been very suddenly illuminated on this subject of external manipulations for the correction of mal-positions "at any time during the last three months of pregnancy." Some new revelation seems to have been made to him during this quarterly search for information in which he has been particularly engaged, perhaps with the object of preventing the Scott County Medical Society from taking, what he considered, a precipitate and inconsiderate action.

When this subject was first brought to the attention of Dr. N. by a letter addressed to him by a member of this society, in his reply of October 8, 1859, he says: "In looking over your letter again, I find that you lay particular stress upon the time when the operation ought to be performed. All the German authors speak of the time most suitable for the performance of the operation as that in which labor commences;" and again: "The performance of the operation, in all the cases lately recorded, was at the time of the firs labor pains, and this very naturally so, because the physician does very rarely see his patient long before labor commences, *and because the very labor pains are required to insure the success of the operation.*" Since then he has changed his opinion in a most extraordinary degree. Dr. N. now says that the operation ought to be performed *at any time during the last three months of pregnancy.* Wonderful "progress," indeed, in the science and art of obstetrics, and most worthy of a "report!"

In commendation of the advantages of the operation, he speaks of the prevention of premature labor, so likely to occur in cases of cross presentation. We would leave the question to the decision of any unbiased mind, which would cause a greater disposition to premature labor, the existence of the malposition or the operation for its correction, with its varied procedures, squeezing, pushing, and, finally, the most efficient process, knocking! It will not appear unreasonable that the members of this society should be surprised that a gentleman of Dr. Noeggerath's attainments and knowledge of this particular branch of his profession, one, too, who is so intimately acquainted with the literature of the subject, should not have known, three months ago, that the operation ought to be performed at any time during the last three months of gestation. He has convicted himself. Even when the letter was written, he had in preparation his first article for the journal, and we will do him the justice to believe, that, when he penned the above-mentioned letter, he was stating what he really believed, scientific facts. There must have been a motive for such a wide difference of opinion in so short a time; for it is incredible that a person of Dr. N.'s research could have overlooked the fact, that the doctrine of version, in the seventh or eighth month, was taught by some of his own countrymen. But we ought to be charitable. Perhaps Dr. N. had not yet had the pleasure of perusing Dr. Esterle's lucubrations on this subject. If he had not, it is still apparent that he had the will to go all lengths, by the readiness with which he has endorsed Esterle, knocks, palpations, &c. We have given Dr. Noeggerath the credit of being an acute observer, and, for one who performs the office of collaborator, we certainly should not look for contradictory statements, so close together and so potent as to arrest the notice of the most casual observer. Among the advantages of the operation, he has adduced the fact, that it can be accomplished by external manipulations alone, and in this way performed, "void of all physical or moral suffering of the mother." We must confess that our ideas of the morality of obstetrical operations differ widely. It may be the unfortunate necessity of those friendless females, who enter into the wards of the "Institute D'Elle Laste," that they are compelled to submit to a preliminary examination as a sort of matriculation fee; but we cannot believe that, even in Europe, females generally are willing to submit to such examinations and investigations, which the members of this society think are not only useless, as far as the diagnosis of the position of the fœtus is concerned, but moreover unnecessary, highly indelicate, and open to the gravest objections on the score of morality.

If the teachings of these new-light obstetricians are carried out, all pregnant females must submit to a preliminary examination at any time when the medical attendant may require it. How else will he be able to determine beforehand, whether the position of the child is right? And they hold it to be a professional, if not a moral sin, if we do not detect and correct the mal-position before labor begins.

But there must be something radically wrong in the theoretical vagaries of these modern fumblers. They differ among themselves so widely, that it will be but charitable for us to suppose that they have deceived themselves into believing that they have accomplished impossibilities. Professors Mattei, Wigand, and Esterle are at loggerheads immediately about possibilities. More than this, one considers the recommendation of the other as inculcating a practice that may be dangerous. Prof. Esterle characterizes Mattei's recommendation to change breech into vertex presentations as "unnecessary and dangerous." Why dangerous? In order to make version at all of the fœtal mass in utero, there must be perfect freedom of motion for the fœtus in every direction. Why not make all head presentations, and thus afford the utmost security for the life of the child? No one can deny that this freedom of movement and change of position occurs even up to the period of labor, and until some part of the fœtus engages in the superior strait of the pelvis, or until the membranes are ruptured. Meigs and Cazeaux have both given us instances in which, even after labor has commenced and the os dilated, various parts of the child have presented themselves, all within a short space of time. Dr. Noeggerath testifies to this fact. Why is the proposed complete version of Professor Mattei more dangerous than a partial one?

We come now to the consideration of the means to be used in accomplishing the proposed operation, and particularly of the latest improvement—"gentle knocks." Can any one imagine any thing more supremely ridiculous or laughable? The author specifies only the ratio of the frequency of the knocks, not of their intensity. Let us imagine an unlucky fœtus, endowed with more than an ordinary degree of obstinacy, occupying a most inconvenient position within the uterine cavity. It must be changed, and so the woman is placed in position, and we begin; at first we try gentle pressure, carefully applied on the sides of the abdomen, but it avails nothing; then we begin gently to persuade it to move by a series of quiet, easy raps, which, too, after awhile, accomplish nothing. We repeat the "concussions" more and more rapidly, but still not increasing their intensity, and yet the fœtus does not budge. Must we proceed and gradually intensify our rappings, and, finally, by dint of sturdy blows, force it to yield? We pause for a reply in the next "report." But the subject is too manifestly absurd to be seriously discussed, and we will therefore conclude.

The members of the Scott County Medical Society wish, however, here to repeat publicly what has been already stated privately to Dr. Noeggerath, that during the whole of this discussion at the meetings of the society, the controversy has not been with regard to the efficacy and availability of external manipulations for the purpose of correcting mal-positions of the fœtus in utero after labor has begun. The members of the society are fully aware of the fact, that cases have occurred where, under favorable circumstances, namely, thinness or an unusual degree of relaxation of the abdominal walls, external manipulations, together with internal ones, have succeeded in forcing the head of the child from its position in either of the iliac fossæ into the brim of the pelvis, after labor has begun.

That the position of the fœtus in utero may be approximately determined by careful auscultation of the sounds of the fœtal heart, and by feeling the prominent parts of the fœtal mass in cases where the above-mentioned favorable conditions exist, we have not denied, nor do we intend to deny. The controversy has not been on the propriety of external manipulations after labor has begun, and

where internal and external examinations combined, demonstrate the existence of a cross-birth. We have taken the position assumed by Ramsbotham, whose authority Dr. Noeggerath affects to question, that "previous to the beginning of labor, there are no certain signs by which we can detect the existence of a cross-birth." If Dr. Noeggerath will refer to the communication addressed to him, requesting his opinion on the questions which were discussed by the society, he will find that they refer particularly and only to the detection of transverse or other mal-positions, and the use of manipulations for their correction, *prior* to the beginning of labor.

In the effort he has made to enlighten us, he has lost sight entirely of the question of time. If Dr. N. will refer to his own language on the "performance of the operation," (N. Y. *Journal of Medicine*, Nov, 1859, page 346,) he will see that he then stated distinctly that the operation was to be performed after labor had begun, for he speaks of making the manipulations only during the intervals of the pains, &c.; and again, in the next paragraph it appears most plainly that he then assumed the very position which the Scott County Society have done, and continue to adhere to. He says: "This (the version by external manipulations) may be attempted even before labor has begun, as some authors, and especially Dr. Mattei recommend it," but further on he says, "There is no doubt that the position of the fœtus can be changed at any time during the 'last months' of gestation; but it is the general opinion of authors, that a lasting rectification can only be attained when the operation is performed at the time of the beginning of labor." That *was* Dr. N.'s opinion in November, 1859, which affords so striking a contrast to Dr. N.'s opinion in January, 1860, namely, "that it ought to be performed at any time during the last three months of pregnancy, as soon as the accoucher detects a transverse presentation."

The membeas of the Scott County Society have no doubt but that the position of the fœtus in utero, prior to the rupture of the membranes, and the escaping of the waters, may be in some degree changed by pressure on the abdominal walls. They believe this now, and have always done so. It is not unreasonable to believe it, but they have not and do not believe that, previous to labor, the position can be positively determined or changed so as to ensure its retaining any certain situation, in which, if it were possible, we might place it. We again reiterate it, the controversy has not been on the propriety of external manipulations, when labor has begun, but on the propriety of examinations made long before the period of gestation is completed, when there is no reason to expect the existence of any mal-position, and when any examinations for the diagnosis thereof would cause needless uneasiness and alarm on the possibility of the positive determination of such a position as will certainly prove to be a cross-birth when labor begins. The members of this society think such practices unnecessary and highly indelicate, and as we have before said, open to the gravest moral objections. Such being their unanimous opinion, they have not hesitated to condemn the practice, and will ever continue to condemn and denounce it.

We regret that Dr. Noeggerath should have descended so far as to have thought proper, at the end of his first communication, to have cast such an unwarranted imputation on the character of the medical profession of this country. We cannot believe but that, during his sojourn in New York, he has had extended to him every courtesy which the members of our generous and honorable calling know so well how to extend to those who come here in the pursuit of pleasure or profit. We deeply regret that he should have felt himself obliged to search so far for a reason for what he is pleased to call the "unjustifiable neglect among practitioners on this continent" of the use of external manipulations, as to find one "in a very pardonable desire to choose rather an operation (turning by the feet) which never fails to have a striking effect, than one which may, perhaps, result in an unsuccessful attempt."

A striking effect! In plain words, Ameri-

can practitioners prefer the display of their skill, in the presence of two or three females, in accomplishing what must always be an operation attended with more or less danger, to what Dr. N. asserts, the safer and simpler operation, turning by external manipulations, because they are afraid they may fail. Dr. Noeggerath could not have cast a more unworthy slur on the character of the medical men of this country. American practitioners would prefer to have thrown upon them the imputation of ignorance, or any thing else, than to have such an ungracious accusation laid against them. The members of this Society repel the insult and contemn its disingenuous character; and, while they thus enter their protest against it, they hope that it has not been the result of the deliberate conviction of Dr. N. from his observations here, but rather the unguarded and unmeant expression of a sentiment which he must know is not true or just.

In conclusion, the members of the Scott County Society desire to say, that, inasmuch as they have had imposed on them the necessity of thus coming publicly before the profession by Dr. Noeggerath's special reference to them, they have considered it their duty thus to defend the position which they have assumed on this question. And not this only: the dignity and honor of the profession is a common cause with them and their brethren throughout the country. From whatever point either may be assailed, they will never hesitate to protect and defend it; defend it from unworthy and unjust aspersions cast upon it—protect it from being contaminated by the introduction of practices that are based on deception, and fraught with the most serious tendency to immorality.

Mr. Joshua Field found that, in a single instance, a strong laborer, exerting his whole strength, could raise 27,562 lbs. one foot high per minute; the duration of the effort being 2·2 minutes. This was in addition to the friction of the apparatus employed, and Mr. Field estimated the whole effect as equal to a horse-power of 33,000 lbs. raised one foot per minute. The average power of an ordinary laborer is 3,300 lbs. raised one foot per minute.

Case of Biliary Calculi.

By H. B. Horton, M. D.,

Of Eden Centre, Erie County, N. Y.

On January 28th I was called to see a lady, 68 years of age, very fleshy; found her vomiting; bowels had moved the night before. She complained of pain in the right hypochondrium, coming on at intervals. Pulse natural; skin cool. Gave calomel and jalap; her vomiting ceased, and I left her.

Sunday, 29th, quite comfortable. Monday, 30th, was called again; found her vomiting bilious matter, but no passage from her bowels yet. She had not eaten any thing except a little broth. Gave an injection of infusion of senna, which soon passed off unaccompanied by fecal matter; next tried a pint and a-half of tepid water, this was retained but a short time. The vomiting still continued, becoming offensive, and of a reddish color. I examined her abdomen, suspecting a hernia, but discovered none. Continued giving injections until the lower bowels were cleared. Gave two full doses of croton oil, but no operation followed. The vomiting continued at intervals of an hour or two, until death ensued on the first of February.

On post mortem examination, found the liver somewhat enlarged. The gall bladder contained five calculi, the size of a robin's egg. The duct was so large that I could easily introduce my finger. On examining the intestinal canal, found the duodenum considerably inflamed, and in the commencement of the jejunum, a gall-stone measuring 1½ inches in length and an inch in diameter, weighing nearly an ounce.

In the performance of our duty, one feeling should direct us; the case we should consider as our own, and we should ask ourselves whether, placed under similar circumstances, we should choose to submit to the pain and danger we are about to inflict. Guided by this principle, and having collected all the evidence which applies to the case, we perform our duty without the reproaches of conscience which must await those who unnecessarily subject their patients to pain and danger.—*Sir Astley Cooper.*

EDITORIAL DEPARTMENT.

Periscope.

Case of Extra Uterine Pregnancy, continuing Three Years and Six Months—Fœtus Removed by Gastrotomy. Reported in the *Chicago Medical Journal*, by C GOODBRAKE, M. D., of Clinton, Ill. The subject of the report was a lady of medium height, very thin, about forty-three years of age, and the mother of nine children. About April, 1856, she supposed herself pregnant, and in the fifth month felt the fœtal movements, and had strong bearing down pains. In December following, she supposed herself in labor, as did her physician; the pains however subsided, but returned again with more or less severity. A number of physicians were consulted, who differed, to some extent, in their diagnosis, some supposing it to be an ovarian tumor; others, that it was a fœtus. One physician prescribed a medicine to produce contraction of the uterus, which brought on her menstrual discharge, which continued with regularity. The patient had not experienced any sensations from which rupture of the uterus or fallopian tube could be inferred. The abdomen was elastic and of uniform size, up to the time when considered at full period of gestation, becoming harder and of irregular shape after that time. Upon examining the abdomen, a large tumor, hard, irregular, and somewhat moveable, was found to occupy the right illiac fossa, extending to the umbilicus, and a little to the left of the linea alba.

On examination per vaginam, a round tumor, presenting a round smooth surface, was found to occupy the pelvic cavity. Position of the uterus, behind, and to the left of the tumor. Both uterus and bladder were crowded from their true positions.

It was determined to open the abdomen and remove the tumor, if practicable; if not, to close the wound, leaving the tumor *in situ*. In view of this determination, the preliminary arrangements were made. The patient being under the influence of an anæsthetic, an incision in the linea alba was made about four inches in length, down to the peritoneum; no hemorrhage occurring, it was continued into the cavity of the abdomen. Upon introducing the hand, a fœtus was felt enveloped in a sac of its own. The sac was found firmly adherent in the illiac fossa, and, to a considerable extent, to the peritoneum on the right side.

There were no adhesions anteriorly, nor to the intestines, which were crowded to the left side. An incision made into the sac showed the fœtus to be in a pretty good state of preservation.

The incision was now extended upward to the umbilicus, and down to within an inch of the pubes. The fœtus was removed with difficulty, owing to the strong adhesions between it and the sac. The cord was found to be entire, and attached to a very small placenta of a cartilaginous character, low down in the pelvis. The cord, and as much of the placenta and sac as could be got away without lacerating the peritoneum, was now removed, the parts carefully sponged, and the incision brought neatly together by the interrupted suture, supported by adhesive strips, and the dressing finished by the compress and bandage. The patient rallied from the effects of the anæsthetic, and had a good pulse. A dose of laudanum was administered, and she expressed herself as quite comfortable.

The time occupied by the whole operation was forty-five minutes, and not over an ounce of blood was lost.

The patient did well for the first forty-eight hours; after which she became restless, her pulse grew gradually weaker and more frequent, until it became imperceptible at the wrist. She died on the fifth day after the operation.

The fœtus was a female, of usual size as at full period; well developed; nails on fingers and toes well grown; weight not ascertained. The position it occupied in the abdomen was as follows: The thighs were flexed on its abdomen, and the legs flexed on the thighs, with the face doubled down between the knees, and it was kept in this position by the strong adhesions between these several parts. The head rested in the right illiac fossa, and the breech, being to the left of the head, passed down, to some extant, behind the pubic bone, displacing the uterus and bladder, as before described. The only mark of decomposition observable on the fœtus, was on the side, where a small spot had sloughed out, exposing the ribs and some of the internal organs.

In regard to the propriety of the operation, Dr. G. remarks, that had the operation not been performed, the woman might possibly have lived several years. Though this is only a probability, for the decomposition of the fœtus advancing, the woman must have died. In most of the cases on record, where adhesions have taken place, and where the sloughs even have found their way through the walls of the abdomen, the patients died nevertheless.

Reviews and Book Notices.

—INTERNAL HYGIENE OF CITIES AND SANITARY POLICE.—We shall include, under this head, all that we have to say, in the form of a review, of the latter portion of the "Proceedings and Debates of the Third National and Sanitary Convention," held in the last week of April, in the city of New York. The first part, or that relating to Quarantine, was partially analyzed in the MEDICAL AND SURGICAL REPORTER for February 25th.

The report of the Committee on the Internal Hygiene of Cities was brought by its chairman, Dr. Miller, of Washington, to the notice of the convention in a brief introduction. The several subjects, on which the committee was instructed to report, had been designated at the meeting of the convention in Baltimore in 1858; and these were distributed among the members of the former. Two of the members of the committee, Dr. Arnold, of Savannah, and Dr. Snow, of Providence, failed to report—the former on Vaccination, and the latter on Registration. The first report, in the order of publication, is that by Dr. W. C. Van Bibber, of Baltimore, on "*Disinfectants.*" It is a good summary of our existing knowledge of these useful agents, and of the means of employing them. It includes a letter on the subject from Dr. Campbell Morfitt, a communication on Disinfectants by Dr. Sheridan Muspratt, and a translation by D. Grier, United States Navy, of a very full memoir on the "Comparative Value of certain Modes of Disinfection" by M. M. Tardieu and Cazalis. The report on *Sewerage, Water-Supply, and Offal*, by Dr. John H. Griscom, of New York, is quite short, and is made up, in part, of extracts from a late work on Hygiene, by Dr. Pickford. It is a subject for regret that Dr. Griscom was prevented by other engagements of a pressing nature from enlarging on the matters entrusted to him, sure, as we are, that his long experience in sanitary investigations and familiarity with its practical bearings, derived, in part, from his official position as one of the health-preservers of the great city in which he resides would enable him to speak both as instructor and historian on the entire subject.

The report on the *Importance and Economy of Sanitary Measures in Cities*, by Dr. John Bell, of Philadelphia, is the longest and the fullest document laid before the convention, consisting, as it does, of nearly two hundred pages. The author, in his opening remarks, on the abundance of materials for his purpose, says: "History, notwithstanding its imperfect notices of the real condition of the people of the different countries, whose progress it professes to narrate, furnishes, when read and studied in a proper sense, large contributions." We find, accordingly, that he draws from history with a freedom and freshness which show him to have studied his subject in different lights, and over a wider field than are furnished in the systematic works and strictly technical details on hygiene. Thus, he passes in review the hygienic inculcations and practices of the ancient Egyptians, foremost among which were those for the disposal of the dead by the process of mummification, so as to prevent the putrefaction of human bodies, and the pestiferous exhalations which must have ensued, "owing to the difficulty, not to say impossibility, of securing deep and permanent burial for the dead in a land like that of Egypt, the soil of which is undergoing continual changes of surface by the annual overflow and washing of the Nile." He glances at the fact of the Carthaginians having been the first to pave streets, as they did those of their city, and at the immense labor and expense by which an aqueduct fifty miles long, and of such dimensions that a man could stand erect in it, was made for their obtaining a supply of water. He then describes the *public hygiene of ancient Rome*, as evinced in the early struggles of its people to overcome the disadvantages of the swampy ground between the Seven Hills, in the construction of its immense cloaques or vast subterranean drains, and in procuring the requisite supply of water for domestic and public use by its equally immense aqueducts. These last were nine in number, and conveyed water into the city at distances varying from seven to sixty miles, for the purpose of cleansing the cloaques, supplying baths, naumachia and private houses. "The comprehensive jurisdiction of the ediles indicated the supervision as well of public buildings, temples, theatres, &c., as of private edifices, to such an extent that they should neither endanger nor incommode passengers in the streets; and also of baths, aqueducts, common sewers, and control of the markets and houses of public resort—taverns and hotels, as we should call them at the present day. The ediles took care that the health of the citizens should not suffer by bad provisions, which they threw into the Tiber; nor their morals by bad women, whom they had authority to banish from the city. Officers were also appointed to take care of the aque-

ducts. These *Curatores Aquarum* were invested with considerable authority, being attended, when they went out of the city, by an architect, secretaries, two lictors, three public slaves, &c."

Dr. Bell contrasts the effects of civilization and barbarism, in the sanitary states of Rome, first, at the height of her power, and then during her decay and ruin, brought about by her Goth and Vandal conquerors. In this last period, a knowledge of the existence, and, of course, of the direction, of the sewers was lost; the aqueducts were broken down, the waters in the vicinity of the city became stagnant, and their retention in the vaults and the ruined buildings was a constant cause of taint of the incumbent air. During the twelfth and thirteenth centuries, few of the inhabitants of Rome reached the fortieth year of life, and a very small number survived the sixtieth year.

"Vital statistics enable us to speak with confidence of the progressive ameliorations in these respects, [sanitary measures carefully carried out,] which accompanied advancing civilization. The mortality in Paris, in the early parts of the fourteenth century, has been estimated from a manuscript document to have been one in twenty; whereas the average mortality of that city in the very poorest arrondissement, or ward, as we might term it, in which poverty and destitution are extreme, was one in twenty-four, in the first third of the present century. The average of deaths in all Paris at the same date (1830) was one in thirty-two, and among the more wealthy inhabitants one in forty-two." Registration of the population and of the births and deaths in the city of Geneva, during the last three centuries, furnishes a still more striking example of improved sanitary legislation in increasing the average duration of human life. "M. Marc d'Espine, in a late work on 'Comparative Mortuary Statistics,' shows that the *probable* life at Geneva, in the sixteenth century, was rather more than five years; in the seventeenth century, eleven years; at the beginning of the eighteenth, twenty-seven years; at the end of the century, thirty-two years; and now it is forty-four years. M. Mallet had previously ascertained from the same documents, that the mean duration of life in Geneva, in 1833, was nearly the double (or as forty years and five months to twenty-one years and two months) of that reached more than two centuries before."

As evincing the protecting influence of wise sanitary measures against the disadvantageous sites of great cities on the banks and at the confluence of rivers, or on the seashore, where the ground is low, flat, and often marshy, Dr. Bell describes the progressive ameliorations in the public health of London, and the circumstances which attended the founding of Venice, Amsterdam, and St. Petersburg, in the midst of morasses and marshes. We regret not a little the want of room to introduce those animated sketches. Under the head of *Neglected Sanitary Legislation*, the author adverts to the evil consequences, in all parts of the world, of the neglect of proper drainage and sewerage, and of the means of procuring an adequate supply of water; "and, more surprising still, a renewal of fresh air by ventilation." We are truly told; "The burden of sanitary legislation is protection of the public health, compatibly with the rights of persons and property and the pursuits of industry. The common right of all is entire enjoyment of the material conditions for healthy life. It is too often neglected by those who might, with care, enjoy it; and still oftener it is withheld, or violated, by force or selfishness, in such a way that the people in mass find it difficult to obtain justice. The contest between cupidity and sanitary rights is sometimes unavoidable; but more frequently it arises from ignorance on the part of the opponents of reform." The community of interests between the employer and employed, and between landlord and tenant, in a sanitary point of view, are forcibly set forth on this occasion in the report.

Looking at the table of contents of this full report, we see that Dr. Bell treats, in succession, of paving and cleansing the streets, and of the economy of street cleaning; compares sewered and unsewered districts, passes to a notice of sewerage and sewer gases, and the remedy for sewer miasms, recommends a system of sewers, and the disposal of sewage. Apropos of paving; we are told of the improved sanitary character of Louisville (Kentucky) by this means; and, on the subject of cleansing the streets, the observations of Mr. Holland, of Manchester, (England,) are quoted, viz: that "dirty streets cause dirty houses, dirty clothes, dirty persons. Every one walking in them in wet weather carries into his house some portion of dirt to increase the difficulty of domestic cleanliness." In dry weather, the same effect is perhaps more powerfully produced by constant clouds of dust.

Much valuable information on the nature of the sewer gases is conveyed by Doctors

Letheby, Taylor, and Barker, who have, severally, investigated the subject with great care. "Observation has proved that these gases are among the most active poisons. Passing over a description of the acute forms of poisoning by them, when inhaled in their undiluted state, it may be stated, as most germain to the present inquiry, that, when these gases are much diluted with atmospheric air, they produce a general prostration of the vital powers." Cases are referred to of chronic poisoning, in which the effects were produced by the circulation of very small quantities of sewer miasm. That portion of Dr. Letheby's *Report to the Commissioners of Sewers of the City of London*, headed "*The Remedy for the Sewer Miasms*," is quoted in full. In it we find a specification of the means of preventing, as well as of remedying, the offensive and toxical effects of the emanations from sewers. After giving a brief history of the origin of the introduction of disinfectants and deodorizers, which dates at a recent period, or within the present century, when Guyton Morveau, and Dupuytren, first pointed out the great value of chlorine gas as a disinfectant, Dr. L. proceeds to notice the several substances coming under these titles. They are, salt, sugar, vinegar, creosote, and the empyreumatic oils of wood, peat, coal, &c. So, also, to this class belong chloride of zinc, sulphate of copper, and corrosive sublimate, substances which have been respectively patented by Sir William Burnett, Mr. Margary, and Mr. Kyan. Alum and the astringent matter of many vegetables have likewise been used for ages, as the means of preserving gelatinous tissues, in the form of leather. Those which give stability to organic matter, and so check its tendency to decay, are properly *anti-septics*, or *anti-putrescents*. "None of these, however, except the chloride of zinc, is applicable to the case before us, and that operates more as a deodorizer than an anti-putrescent. In fact, (says Dr. L,) as I have already stated, the matters of sewage are always in a state of decomposition, and cannot, therefore, be treated with much advantage, unless the anti-septics are applied to them before they enter the sewers; and this, I need not say, is altogether impracticable. Even in Paris, where there are special contrivances for such a purpose, it fails, because of its utter impracticability."

Of the second class of substances, namely, the *deodorizers* and *disinfectants*, there are many which deserve notice. "Those which combine with the putrid gases, and fix them into an involatile form, are the metallic oxyds and their salts, as chloride and sulphate of zinc, acetate and nitrate of lead; sulphate, muriate, and pyrolignate of iron; impure muriate of manganese; the refuse of bleaching works, common alum, the fixed alkalies, and the salts of lime and magnesia. Most of these compounds will unite with sulphuretted hydrogen and ammonia of sewage, and so far, therefore, they remove the unpleasant smell of it, but they do not touch the organic vapors; besides which they are difficult to apply, and are very costly." There are but two of them—lime and the superphosphate of lime, with magnesia—that can be used with advantage. "Of the second class of disinfectants, those which act chemically on the volatile matter and break them up, so as to form new compounds, which are inert, the most important are chlorine, chloride of lime, hypochlorous acid, sulphurous acid and nitrous acid." The last of the disinfectants are those which expedite the process of decay, to combine with oxygen and to become inert. "Of this class there are two members, namely, those which act chemically and supply oxygen, of themselves, to the offensive compounds, and those which merely facilitate oxydation by their physical properties. The manganetes and permanganetes of potash are the best examples of the first class, and contain a large proportion of oxygen, which they freely give to the putrid organic matter, and so destroy it." The second division of this class of disinfectants, includes the agents which promote oxydation by a physical property; that is, by bringing the putrid matters into contact with atmospheric oxygen. There are three of these, namely, fire, water, and porous solids. The use of the first, on a large scale, is difficult, uncertain, and costly. The disinfection of the sewer miasms by water, is regarded by some as the best and only available means. There is still, however, a great difficulty in delivering the water in sufficient quantity so as to scour out all the channels.

"The best means of destroying the offensive matter is by the agency of porous solids; and this may be applied either to the sewage itself, or to the gases which are evolved from it. The best examples of such an agent are common clay and charcoal. Both of them operate in the same way, namely, by condensing the putrid vapors within their pores and upon the surface, so as to cause them to unite with atmospheric oxygen, and produce, in part, a species of slow combustion, by which the miasms are gradually consumed."

Of the value of charcoal as an air-filter and purifier of the four gases which escape from the street gullies, the sewers, ventilators, and the drain of private houses, we should have a high opinion, after learning the result of Dr. Stenhouse's experiments. Dr. Letheby says: "I have myself repeated some of Dr. Stenhouse's experiments during the last twelve months, and have ascertained that the offensive gases from a close cess-pool are complete ly deodorized by passing them through a small box containing about thirty-six inches of coarsely powdered peat charcoal." Of the different kinds of charcoal, those made from wood and peat are the most effective.

The next two sections of Dr. Bell's report are full of interesting and detailed suggestions, *on a regular system of sewers and the disposal of sewage*, the latter being regarded both in a sanitary and economic point of view.

The subject of *ventilation* is treated with fullness, and adaptation to the existing wants of all classes of the community; first, in its being defective in *crowded streets and habitations, in public lodging-houses, and in schools, hospitals, workshops, factories, and printing offices;* and, secondly, in the remedies, as introduced in *model lodging houses*, and by the different means of ventilation—mechanical and chemical—practiced in schools, hospitals and factories, and also in sewers. The injury to the health of towns and particular classes of individuals, and the correctives and preventives, are described in a clear manner, and with variety and copiousness of illustrative details, some of which we would gladly place before our readers, did our waning space permit. Equally pregnant with instruction are Dr. Bell's remarks on a *supply of water to cities*, for drink, bathing and domestic economy, and its deleterious effects when impure, in producing or aggravating diseases, such as cholera, diarrhœa and dysentery.

Preventable diseases and mortality constitute a fertile theme, for the enforcement of which Dr. Bell adduces a number of statistical statements, which exhibit the losses in a vital as well as pecuniary light, incurred by neglect of public and private hygiene. Under the title of "Sanitary improvements," we learn the great improvement in the health of many cities, and an avoidance of devastating epidemic diseases, by an amended sanitary system. *Pulmonary and Cutaneous Purification* is the general heading for sub-sections on *public squares and parks; gymnasia and museums; ablution and bathing; and public wash-houses. The nuisances* of various kinds which interfere with the public health are next pointed out, and, also, the classification of them as laid down by the French municipal authorities. *Slaughter-houses* and *cow-houses* obtain a specific mention.

The report ends with a section, which was originally a report of itself, on "*Interments in Cities.*" The subject is presented historically, beginning with the practices of the ancient Egyptians, Jews, Carthaginians, Greeks, and Romans, and coming down to our own day. The evils of inter-mural burials are enforced by startling facts, and a remedy is pointed out in sepulture in suburban or rural districts. Here, again, did space permit we would make copious extracts, sure that they would gratify our readers.

It is not often that we meet with such unanimity as in the favorable opinions expressed of the labors of Dr. Bell, in the report, of which we have given an imperfect analysis,—whether we look at the wide range which he has taken, the great number and variety of topics within this range, and the manner in which he has handled them. We shall, for ourselves, escape the imputation of personal bias, by referring to the language held on the occasion, by our contemporaries of the editorial corps, instead of using our own. The *Charleston Journal and Review*, by no means addicted to indiscriminate laudation, after some complimentary remarks on Dr. Bell's success in presenting his subjects, says, in its last issue for March, of the present Report "Its historical portion is admirable, alike for its copiousness and condensation; it presents a summary of knowledge upon the topics it treats of, both valuable and interesting, and the author's comments and reflections are judicious, pertinent and highly suggestive." While coinciding with the previous laudatory remarks of the *New York Medical Gazette*, for February, on the Report, we can hardly, as grave judges, go the length of the concluding sentence, "He has here exhausted the subject, and this report will be referred to by sanitary authorities for a century to come." "May you live a thousand years!" ought to be the response of Dr. Bell to the editor of the *Gazette*.

We are allowed to introduce on this occasion testimony of a character which, under all the circumstances, must be peculiarly gratifying to the feelings of the author—coming, as it does, unsought and unexpected, from one who never plays the part of flatterer. It is contained in a

letter from Boston, under date of Jan. 14, 1860, from the venerable octoganerian, Dr. R. D. Mussey, formerly a colleague of Dr. Bell in the Ohio Medical College; and, we need not say, eminent in his favorite branch, surgery. "I have just finished," writes Dr. M., "the reading of your report, published in the Transactions of the Quarantine and Sanitary Convention, held in New York last April, and I cannot easily resist the impulse I feel, old and insignificant as I am, to express to you my gratitude and delight that you have brought out such a mass of invaluable materials on the subject of Hygiene, and that you have done it with so much ability, in a style so direct, clear, and often eloquent. No novel, even in youth, could interest my feelings more." We add, as an incitement to all, young and old, to persevere in their studies, what Dr. Mussey says of himself: "I pass my time interestingly among books. My eyes serve me well, but my ears are dull of hearing." Many a millionare might gladly give half of his fortune to be able to pass his old age among books.

The last report in the volume before us, by Dr. H. G. Clark, of Boston, is a valuable document, which will serve as a sanitary code for the guidance, if not entire adoption of all the municipal bodies in the Union. The author was required to prepare "some detailed and specific plan for regulating the internal sanitary condition of cities, which shall embrace all the subjects which may properly come within the province of preventive medicine," and ably has he discharged the duty devolved on him.

We must not terminate our review without noticing in terms of well merited commendation, the superior artistic style, as regards paper, type and binding, in which this volume of Transactions of the Quarantine and Sanitary Convention is brought out. The most fastidious literateur, who attends to the dress as well as the substance of his books, will readily give this one a conspicuous place on a shelf of his library. It is highly creditable to the liberality and good taste of the city government of New York, by whom it was printed.

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☞ Our record of correspondence for the week ending March 29th, it will be seen, acknowledges communications from *nineteen* States of the Union, and from South America.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 31, 1860.

☞ VOLUME FOURTH! ☜

This issue completes the *Third* volume of this journal, since its change to a weekly. The FOURTH volume will begin on the 7th of April.

We shall begin the new volume under very favorable auspices, having made such arrangements as will enable us to present our readers with contributions from the pens of some of the first men in the profession in this city and other parts of the country.

For the details of the plan of the REPORTER, we refer our readers to the general Prospectus on the last page of cover. It shall be our constant endeavor to have the REPORTER fulfil its mission, and meet, in all respects, the wants of the profession of America. The more rapidly its circulation extends, the more speedily will we be enabled to do this.

THE SECOND DEGREE.

The United States Government, in making appointments to the Medical Department of the Army and Navy, adopt a plan by which all candidates are placed on an equal footing. They are accepted, not as the graduates of any particular school of medicine, but because, after having undergone a thorough examination by qualified examiners, they have been found competent to engage in the public service in the capacity of physicians and surgeons. In this manner, Government exercises a control over that portion of our profession who seek public appointments, and secures for the army and navy the most promising young men that graduate from our schools. In no department of the public service—to the credit of our profession be it said—is there less favoritism or political intrigue than in this. The "U. S. N." or "U. S. A." that a medical man appends to his name, is always looked upon as evidence of a more than ordinary degree of qualification to practice his profession.

Outside of the Army and Navy of the United States, the profession of our country

is in a state of anarchy. The forty or fifty medical schools of the country, like the feudal chieftains of the middle ages, commission their knights-errant to make reprisals where they may, and, by bravery, prowess, stratagem, or treason, they often ultimately obtain position—at what cost, we will not undertake to estimate.

Among these graduates, these knights-errant of the schools, there are many worthy men of course; but, on the other hand, how many there are who bring disgrace on themselves, their schools, and the profession. They all have diplomas, however, and, in this respect, one is not and cannot be superior to another, until another and a uniform standard of qualification is adopted emanating from a central power.

At the meeting of the American Medical Association at New Haven in June next, the representatives of the profession of the country will be called on to discuss the question whether they will continue to submit to the feudalism that has hitherto governed the medical profession, or whether, following the example of the United States Government, they will declare their independence of the schools, and, delegating to the American Medical Association the power to establish a uniform standard of qualifications for those who desire to obtain a respectable standing in the medical profession, take the reins into their own hands. Some plan of the kind we suggest, the profession of our country will have to adopt ultimately.

We do not know what the result of the conference in June will be, though we have our fears that a majority of the delegates at the next meeting of the Association will consider that decided action now would be premature. We trust, however, that the subject will not be indefinitely postponed, but that the idea will be kept alive until the profession are prepared to receive and adopt it. The growing importance of our country renders it incumbent on our profession to extricate themselves from the thraldom of custom, adopt a standard of qualifications for the whole country, and, in accordance with the genius of our institutions, delegate to a central power the authority to issue certificates, in the shape of a "second degree," to those who come up to that standard. When this is done, and not till then, the problem of medical education in our country will be in a fair way of being solved.

THE SCOTT CO. (IOWA) MEDICAL SOCIETY AND DR. NOEGGERATH AND THE NEW YORK JOURNAL OF MEDICINE.

We are at a loss to discover, in the able article on version of the fœtus in utero by external manipulations, published on a preceding page, anything that should have excluded it from the columns of our cotemporary the *N. Y. Journal of Medicine*, on the score of personality. Dr. Noeggerath, pointedly calls the attention of the Scott Co. (Iowa) Medical Society to an article of his, and when the society offers a fair argumentative reply to Dr. N's article, it is refused insertion in the journal with which he is connected, on account of alleged personalties, which we maintain it does not possess in the offensive sense of that word, and which should be the only ground of exclusion.

American practitioners of standing and authority, do not seem disposed to receive the practice in question to the extent taught in some of the European Universities. And why, we ask, should they? Why should not American obstetricians have ideas of their own, on the subject? Are we compelled to take in every proposition of the professors in the universities of Europe without modification—swallow them whole, forming no judgment at all on their merits, simply because they *are* foreign? We are quite as ready as any one else to grant Europeans due credit for their industry, their observation and their intelligence, but we are not of those who believe that wisdom will die with them. Despite the disadvantages under which the medical mind labors in this country, many of the most practical and useful ideas and improvements in medicine and surgery have had their origin here.

We are willing to take European ideas for what they are worth, but to be compelled to swallow them whole on all occasions, without the privilege of making a wry face if

we don't fancy the taste, under penalty of insults and sneers, is more than either our reason or religion calls for. Because Cazeaux and Esterle, and Mattei and Noeggerath and Langer, *say*, that the position of the fœtus in utero can be changed by external manipulations at any time from the sixth to the ninth month, may we not be allowed the small privilege of questioning whether or not more is claimed for the practice than it is worth?

The argument of the Scott Co. Medical Society in this number is an able one, and would have graced the pages of our excellent cotemporary, the New York Journal of Medicine, which should by all legitimate means encourage American talent and research.

THE ELECTION OF RESIDENT PHYSICIANS AT THE PHILADELPHIA HOSPITAL.

It has been announced that the new Board of Guardians of the Poor of this city had determined, when the time came to make appointments of resident physicians to the Philadelphia Hospital, to introduce a reform that would secure for that institution the best talent, at least, in the ranks of the applicants for the position. We understood that a sort of *concours* was to be held, and that all candidates were to be examined by the Board of Visiting Physicians and Surgeons of the Hospital, who were to *rate the applicants according to merit*, and recommend for election those who ranked the highest, and that they were to be thus elected by the Board IN THE ORDER OF MERIT.

We very much fear, however, that, after all, we and the profession are going to be disappointed in this matter; that the examination before the Medical Board is a farce, and that the old plan is to be pursued of appointing those who can command the most influence, without any reference whatever to their attainments.

We are told that all the applicants are intelligent men, qualified to grace any position, etc. etc. While we are not disposed to doubt this in the least, we respectfully submit, that is not the question, or what the profession has a right to expect in making these appointments. If the Board of Guardians desire to secure for the hospital under their charge the best talent—if they desire to encourage students to qualify themselves for the practice of their profession, and thus aid in elevating the standing of medical men in this country, they should select each year from the candidates who present themselves before the Medical Board for examination, *the four who are* RATED THE HIGHEST, independent of any other considerations. A course different from this is contemptuous to the Board of Visiting Physicians, and renders their examination of candidates a work of supererogation.

Whatever error may have been committed this year in making these appointments, with such a Board of Guardians as this city is now favored, we feel assured that hereafter that plan will be adopted which alone will render the preliminary examination by the Board of Physicians of any value or significance whatever, and secure for the hospital the best talent that presents itself.

A BOTANIC GARDEN NEAR THIS CITY.

A few weeks ago, in referring to the obligations under which the public lay to medical men, not only for the establishment of benevolent institutions, but also for those designed to advance the arts and sciences, we spoke of the Polytechnic College and its founder, our townsman Dr. A. L. Kennedy. We are happy to announce that the same gentleman has prepared a bill which has received the sanction of the Legislature and State Executive, and become a law, whereby a Botanic Garden is to be added to the other scientific attractions of Philadelphia and vicinity. The bill incorporates a company with a capital of $50,000, to be divided into a thousand shares of $50 each, and confers upon the corporators all needful powers for "the ownership and establishment of a Model Farm and Botanic Garden, and for the proper management and maintenance of the same."

Upon the model or experimental farm are to be determined and illustrated by carefully conducted experiments, "the relative adaptedness of soil to crop, the best methods of cul-

tivation, the worth to stock, of different varieties of food and methods of feeding, the comparative value of breeds of stock, and the means of preventing and treating their diseases." A limited number of agricultural students will be received on the farm, who, with the Agriculturist at their head, will form one household, enjoying the accommodations and engaged in the pursuits of the diligent and intelligent country gentleman. The expenses of a faculty of science at the farm will be avoided under an arrangement with the Polytechnic College, by which the students at the experimental farm will be admitted to the lectures, practical laboratory instruction, and all the scientific privileges of the college, in the forenoon, on several days in the week, returning by railway to the farm in season for dinner.

The Botanic Garden will comprise hot-houses, green-houses, and "an extensive and scientifically classified collection of growing plants," and will also be used in testing the "practicability of acclimating useful and ornamental foreign plants." Dr. Kennedy, who was a pupil of the younger Jussieu, and a companion of that distinguished botanist in his herborizations, formerly gave, with each returning spring, a course of lectures on Botany to medical students in this city. We hope to see such a course revived this season, as the science should form an important part of the education of every physician. We, moreover, feel assured that medical plants will occupy their proper and prominent position in the Botanic Garden, and that every facility will be afforded whereby medical students may avail themselves of its advantages.

CLOSE OF THE THIRD VOLUME.

If any of our readers should have the curiosity to know how much in point of variety, they get for one dollar and a half, let them go over the index of the volume of which this is the last number, item by item, or, better, let them undertake to make an index. Before the task is half done, we venture to say they would offer double the amount to any one who would complete it! There is not a medical journal in the country that gives its readers such a variety of practical instructive reading, and our steadily increasing patronage gives gratifying evidence of the appreciation of our labors by the profession of the country.

It will be observed that this volume comprises *twenty-seven* numbers. Leap year has stolen a march on us, and cheated us out of a week's issue. So much the better for our subscribers, though we do not fancy the extra bills. We trust that we have thus laid another stepping stone in the upward progress of medical science, and added another volume which will be valued, to the medical libraries of the country!

DR. WILBUR IN DEFENCE OF DR. LANGER.

The article published in last week's number of the REPORTER, in defence of Dr. Langer, should have been credited to Dr. Harvey B. Wilbur, of Syracuse New York. The name was accidently omitted in proof-reading.

Correspondence.

MEDICO-LEGAL CASE—CURIOUS AWARD.

MESSRS. EDITORS:—I was called upon to treat a fracture of one of the condyles of the humerus of a child, about seven years old, of a delicate constitution, anæmic and dropsical.

The parents expressed great solicitude, fearing that deformity might result. I concluded with them that such might be the case, but promised to use my utmost endeavors to prevent it.

I reduced the fracture, showed the parents, to their satisfaction, that the apposition was correct, and placed the arm on such temporary splints as could be procured or made at the time, enjoining on their part, watchfulness of the child until better could be obtained I returned on the same day, having procured some angular splints of good stiff sole leather, which were first softened in warm water and then applied along the whole arm, which was then placed in a condition of comfort. I felt perfectly satisfied that if proper care was observed by the parents, the apprehended deformity would be avoided.

On the next day I found the child still comfortable, and doing well, having rested during the night. My fourth visit was made after an interval of four days, when the child was dressed and run-

ning about. Repeating my admonitions, I left, with the understanding that I was not to return until time to remove the bandages, unless something unusual should occur, in which case I was to be sent for.

After an interval of twelve days, the father came for me, remarking that he did not think the case was progressing well, as the patient appeared to be suffering pain. Fearing some future difficulty, and the probable need of counsel and assistance, I requested a medical friend to accompany me. We found the bandages loose, and rather awkwardly and irregularly applied. The mother informed us that they had become loose and partially detached, and that she had endeavored to re-apply them. Upon undoing them we found the fractured portion of the condyle displaced, and union formed on the part to which it was drawn by the action of the muscles. The patient had, however, good use of the limb, but the parents seemed to regret the deformity of the point of bone projecting.

On consultation, we proposed breaking up the adhesions, and re-setting the fracture. To this the parents objected, and with the assurance that the point of bone would finally round off by absorption, and all deformity disappear, they expressed themselves satisfied.

Six months after this, on presenting my bill for services, payment was refused, on plea of malpractice.

After having obtained a written opinion from the physician who had been in consultation in the case, that "from his observation and knowledge of the fracture, it was treated as well under the circumstances, as any one could do," I commenced a suit for my bill. At the proposition of some of the defendant's friends, the matter was agreed to be referred to a court of six physicians.

The following is their award in full:

"The undersigned Committee of Physicians, having met to day, 9th September, 1859, on motion, Dr. J. B. S. was called to the Chair, and Dr. G. B. H. requested to act as Secretary. The object of the meeting was declared, by the Chairman to be, whether or not Dr. W. should receive any pay from Mr. S. W. B. for the treatment of a fracture of the arm in Mr. S. W. B.'s little daughter. On motion, Resolved,

"1st. That we confidently believe that Dr. W. is as capable as any other physician to treat a fracture of the kind presented to us.

"2nd. Though we do exonerate Mr. S. W. B. from the payment of the bill, on account of the want of testimony to show where the fault or neglect was, we do not censure Dr. W., or hold him responsible for the deformity."

Did you ever see or hear of such an award emanating from so many physicians, most of whom are intelligent and well-bred in their profession? Some of whom have been practicing medicine over twenty years, and all graduates of respectable schools. I cannot impute their conduct to other than an endeavor to satisfy both parties. The defendant, I have no doubt, is perfectly satisfied in being relieved from paying $25, and I would be satisfied if *I considered it an award at all*, as they have made an effort to give me what I feel I already have, and what they were not selected nor expected to determine. I, however, am a rival practitioner, and the defendant, formerly a judge of the court—a man of some influence, popularity and property.

Respectfully yours,

S. A. W.

We suppose that the fracture in the above case was of the internal epicondyle. If so, the case appears to have been well treated. Dr. Hamilton says of this fracture, that "it does not constitute an exception to the rule which experience has established, that apophyseal projections, when once displaced, can seldom be restored completely to position, or maintained in position, until a bony union is consummated."

The bandage becoming loose, perhaps on the twelfth day after the accident, and its attempted replacement by the parent, had certainly nothing to do with the resulting deformity. The above authority says, that "in no case ought more than seven or fourteen days to elapse before all bandaging or splinting should be abandoned."

The offer to break the callus and re-set the fracture was an error, and was equivalent to acknowledging to the parents a fault in the treatment.

As Dr. W. agreed to submit the case to the arbitration, he should not publicly complain of the result.

The award is certainly very ridiculous. Its intelligence reminds us of the verdict said to have been rendered by a Western jury—"Not guilty, but he musn't do it again!"—EDS.

More than eighty blind men have been distinguished in literature, science, theology, and the mechanic arts. The *Encyclopædia Britannica* has on article on eminent blind men who have attained high positions, who were blind from early childhood.

News and Miscellany.

The English Zoological Gardens.—The committee appointed to prepare a plan for the Zoological and Botanical Garden in the New York Central Park, present in their report the following, in relation to those of Kew and of the Zoological Society of London:

The committee have examined with some care the reports on the Gardens of Kew (England,) and of the Zoological Society of London, and an idea may be gathered of the number and variety of the requisite buildings, and the extent of the collections from the following facts:—In the Zoological Gardens there are, besides invertebrates, one thousand three hundred individual specimens of more than six hundred species of vertebrate animals. The structures for the accommodation of these are three aviaries, a crane enclosure, four waterfowl enclosures, the young pheasants' and emeus' enclosures, the zebra and antelope house, three small carnivora houses, the pheasant aviary, alpaeca enclosure, the great carnivora, the bear pit, bear pond, camel house, the seal pond, kites' aviary, three eagle aviaries, the small mammalia, raccoon's cage, vulture cage, antelope enclosure, the eqnavivarium, the beaver pond, otter cage, the armadillo enclosure, the coypus cage, the monkey house, the porcupine enclosure, dove cote, owls' cage, reptile house, kangaroo enclosure, sheep and goat sheds, parrot house, deer house, elephant house, the wild boars' styes, the brush turkey's enclosure, the giraffe house, antelope house, two antelope sheds, hippopotamus' houses, and the ostrich house.

In the Gardens of Kew there are two museums of economic botany, the conservatories, the orangery, tropical aquarium, palm house or palm stove, mesembry anthemum, house for the African fig, marigold, orchideous house, double orchideous house, Victoria house for the Victoria regia and other water plants, succulent house, hardy aquarium, the New Zealand and coniferous house, the Australian house, the tropical fern house, the health house, museum stove, double miscellaneous tropical house, azalea house, temperate fernery, rhododendron and camelia house, propagating house, double propagating house.

The portions of the Gardens at Kew devoted to scientific purposes consists of seventy-five acres.

The Zoological Garden in Regents' Park occupies twenty-six acres, and the Botanical Garden eighteen acres.

Gayetty's Medicated Paper.—A correspondent of one of the weekly papers thus facetiously notices the failure of this indecent empiricism. "Gayetty's Medicated Paper" has ceased to obtrude its delicate attentions upon our obdurate public. It has "gone in." I suppose you have heard of the article. It was gotton up as a new and ingenious mode of making money without much labor; and the paper even had its imitators. The proprietor took a large store in Spruce street, flared up in a grand way, advertised in the usual astonishing manner, and actually employed a capable newspaper editor, not to conduct the "Medicated," but to devote himself at a good salary to inventing and writing all kinds of novel things to procure notoriety for this latest effort of the genius of humbug. But all would not do. The paper would not "go down" in the proper sense, but went down in the sense pecuniary. The public had no faith in such an application to its sensibilities. The modest public was shocked. The dainty public gave the "Medicated" the cold shoulder, and the paper and its proprietor have all "gone to pot" together. There's not a ghost of them left.

A Death from Chloroform —In the Charity Hospital at New Orleans, is reported in the newspapers.

New York Ophthalmic School.—The eighth anniversary of this institution was held the first Monday in March, in the hall of the Medical College, in Fourteenth street, in the city of New York. A beautifully engraved testimonial, signed by the venerable Dr. Valentine Mott, consulting surgeon, Drs. Stephenson and Garrish, the attending surgeons, and Chancellor Ferris, president of the association, was presented to thirty-one members of the class, who had attended a course of lectures, and passed an examination on the anatomy, pathology, and treatment of diseases of the eye, during the session of 1859 and 1860, at the New York Ophthalmic Hospital.

An address was delivered to the graduates by Dr. J. P. Garrish, and the valedictory by Dr. Wm. H. Studley, A. M., a member of the class, a copy of which has been solicited for publication.

The names of the gentlemen composing the graduating class were announced by Dr. M. Stephenson, and the diplomas presented by Mr. Solomon Jenner, A. M., one of the life governors of the hospital, with some brief but appropriate remarks.

At the meeting of the Board of Guardians of the Poor, of this city, on Monday last, Drs. Richardson, De Benneville, Goodman, and Leidy, former incumbents, were appointed Senior Resident physicians of the Philadelphia Hospital, and Drs. Lee, Durar, Sherrard, and Weidman, Junior Residents.

Gross' System of Surgery.—Mr. Simpson, the great obstetric surgeon, in his last lecture in the *Med. Times and Gazette*, while endorsing Dr. Gross' views as to the propriety of the removal of ovarian tumors, remarks that Gross' System of Surgery is "the most complete work on systematic surgery in the language."

Purgative Figs.—Mr. G. C. Bower, druggist, of this city, presents a most agreeable form of administering a simple cathartic. Pulverized senna with aromatics, is so combined with the pulp in the interior of figs as to be concealed from taste. They will become a popular dose with those who habitually resort to purgative medicines.

Still they come!—We have received the prospectus of the *Georgia Medical and Surgical Encyclopædia*, to be published at Sandersville, Ga., and edited by Drs. Hollifield and Newsome. This will be the *sixth* medical journal in Georgia. Judging from this fact, and from the great number of subscribers we have in that State, the profession of Georgia must be reading men.

A judicious move.—The *American Medical Monthly* and the *New York Review and Buffalo Medical Journal* have united, under the joint management of the editors of both those journals, Drs. Douglas and Flint.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Alabama*—Dr. S. P. Smith, (with encl.) *Arkansas*—Dr. A. G. Jones, *Delawars*—Drs. Jessup & Jones (with encl.,) *Florida*—Dr. A. H. Mathers, (with encl.,) *Georgia*—Dr. D. B. Searcy, (with encl.,) Dr A. J. Simmons, (with encl.,) Dr. S. A. Walkup, (with encl.,) *Illinois*—Dr. R. F. Hayes, *Indiana*—Dr. T. P. Bicknell, *Iowa*—Dr. E. J. Fountain, (with encl.,) Dr. I. Langer, (with encl.,) *Kentucky*—Dr. J. D. Jackson, (with encl.,) *Louisiana*—Mr A. W. Poole, (with encl.,) *Maine*—Dr. C. P. Hubbard, (with encl.,) *Maryland*—Dr. W. S Forwood, *New Jersey*—Dr. J. S. Mulford, Dr. G. Grant, Dr. E. T. Blackwell, D. S. Robeson, Dr. Geo. R. Robbins, (with encl.,) Dr. J. M. Kollock, (with encl.,) *New York*—Dr. S. D. Willard, (with encl.,) Dr. N. D. Ferguson, (with encl.,) Dr. J. Fisk Rogers, (with encl.,) Dr. Harvey B. Wilbur, (with encl.,) Dr. H. B. Horton, *Ohio*—Dr. A. H. Stephens, (with encl.,) Dr. Albert Wilson (with encl.,) Dr. Park Beeman, (with encl.,) *Pennsylvania*—Dr. J. H. Keeler, Dr. Dan'l Holmes, (with encl.,) Dr. A. M. Sigmund, Dr D. W. Bland, Dr. J. H. Wilson, with encl.,) Dr. W. W. Wick, Dr. R. H. Patterson, (with encl., (*Tennessee*—Drs. Malone & Schell, (with encl.,) Dr. Jas. B. Murfree, (with encl.,) Dr. John L. Baird, (with encl.,) *Vermont*—Dr. H. N. Curtis, (with encl.,) *Virginia*—Dr. A. H. Cauthorne, (with encl.) Dr. Thos. E. Shouds.

Office Payments.—University of Vermont, (adv.,) Penn'a Medical Collge, (adv.,) Coll. Phys. & Surgeons, N. Y. (adv.,) Dr. James McClintock, Dr. P. G. Bertolett, Dr. F. K. Spang, B. J. Crew, Dr. F. E. Bond, (of South America,) Dr. Chas. A. McCall, Dr. J Remington, Dr. Wm. Corson, Dr. Wm. N. Handy, Dr. J. R. Ludlow, Dr. D. R. Posey, Dr. S. W. Neale, Dr. B. Hinchman, (of Iowa,) Dr. J. H. Haskell.

MARRIAGES.

SHERK—HUMPHREYS.—On December 20th, 1859, by the Rev Samuel Durborow, J. Henry Sherk, M. D., of West Hanover, and Miss Emma D. Humphreys, of this city.

BROWN—BROWN.—In New York city, on Friday, March 23d, by the Rev. W. S. Hall, Harvey E. Brown, M. D., of Massachusetts, and Annie M. Brown, of Rahway, N. J.

DEATHS.

BELCHER.—in New York, on Monday, March 19, Dr. Elisha R Belcher, in his 69th year.

BOYD.—At Brooklyn, March 17th, Dr. Samuel Boyd, Health Officer of that city, aged 54.

FRICK.—In Baltimore, on the 25th inst., Charles Frick, M. D., aged 37. Dr. Frick held an eminent position as a practitioner in Baltimore, and held the Professorship of Materia Medica and Therapeutics in the University of Maryland.

FORWOOD.—Suddenly, in child-bed, on the 19th inst., at Darlington, Harford county, Maryland, Pamela, the beloved wife of Dr. W. S. Forwood, and daughter of Dr. Joshua Wilson.

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